Situation Analysis of Children and Adolescents in Montenegro

SUMMARY

February 2021
Acknowledgement

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A *Situation Analysis* Reference Group, co-chaired by the Ministry of Foreign Affairs and UNICEF, was established to provide guidance in the process and to validate the findings.

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Executive summary

The present Situation Analysis, commissioned by the United Nations Children’s Fund (UNICEF), provides an overview of the progress made in achieving the rights of children and adolescents in Montenegro during the period since 2014. Pursuant to the Convention on the Rights of the Child, the analysis focuses on the key dimensions of health, education, social protection, child protection and the right to participate in the social and political life of the country. The achievements are identified, as well as the bottlenecks and barriers to achieving further progress. The analysis, which draws on a broad range of qualitative and quantitative data derived from international, national, survey and administrative sources, has benefited greatly from the 2018 Multiple Indicator Cluster Survey (MICS) of Montenegro and of Montenegro’s Roma Settlements. It has also used emerging evidence on the impact of the COVID-19 pandemic on households with children, as captured by the United Nations Rapid Social Impact Assessment. Throughout the analysis, a focus has been retained on inequalities and the barriers faced by those more disadvantaged among the child population for the full enjoyment of their rights.

The recommendations, which are organized under the dimensions of child rights, including health, education, protection and participation, are aimed at ensuring a better alignment between policy, laws and implementation in the interest of meeting all the rights of all children in Montenegro.

Introduction

Since 2014, the Government of Montenegro has made solid progress in ensuring that the rights of children are being met. The headline achievements over the last five years include: improvements in the coverage and quality of perinatal care for mothers and newborns; low and decreasing child, infant and neonatal mortality rates; extended coverage of early childhood education programmes; the inclusion of growing numbers of children with disabilities in mainstream education; pathfinding efforts to end violence against children and to facilitate children's access to justice; and a significant reduction in the number of children in institutional care.

However, the analysis points to persistent gaps and disparities in the ability of boys and girls to access their rights, and highlights bottlenecks that are slowing progress in overcoming these gaps. Recommendations are offered in the spirit of ‘leaving no one behind’ and respect for the country’s ambition to guarantee all rights to all children in Montenegro, as well as its commitments under the Convention on the Rights of the Child and the 2030 Agenda for Sustainable Development.
COVID-19 and its impact on child rights

In Montenegro, as in other countries across the globe, the COVID-19 pandemic is putting at risk the progress made in ensuring child and adolescent rights over the last decades. While children and adolescents represent about 10 per cent of those directly affected by the pandemic, the indirect effects of the pandemic on children are clearly reflected in an increase in household poverty due to the loss of income and jobs, as well as a fall in remittances.

Children had an above-average risk of poverty before the pandemic – almost 34 per cent were at risk of poverty in 2019 compared to 24.5 per cent at risk among the general population – and it is expected that children will experience higher rates of deprivation as a result of the current economic and social challenges. Despite the government’s commitment to ensuring the continuity of the teaching process, the disruptions to learning that have unavoidably occurred are likely to have affected those children who were already at a disadvantage. About 16 per cent of children up to the age of 18 do not have access to a computer or laptop connected to the internet. These children were already on the wrong side of the digital divide and, with increased use of distance learning methods, their disadvantage is being compounded. Furthermore, reduced contact and a lack of socialization with peer groups during the pandemic is also having short- and potentially long-term effects on children. Essential and routine health services for children are at risk of being interrupted, including, importantly, preventive measures such as vaccination programmes.

Global evidence shows that physical distancing rules and confinement to homes over long periods, coupled with the fear and stress associated with economic pressures, increase the risk of domestic violence. In the first months of the pandemic, Centres for Social Work (CSWs) and non-governmental organizations (NGOs) in Montenegro reported an increase in cases of child victims or witnesses of domestic violence. There was, in particular, an increase in psychological violence, that is, children witnessing arguments between parents or who were themselves involved in violent arguments, notably between parents and adolescents.

While it is too early to estimate the full impact of the pandemic on children in Montenegro, it is clear that it has the potential to reverse some of the gains across several dimensions of child rights made over the last few years, as reported below. In designing and implementing response programmes, it should be borne in mind that the short-term impact felt by children now will have long-term, lasting effects on their development, with implications for the country’s human capital, as well as its social and economic development.
Country context

Montenegro is an upper-middle-income country situated in South-East Europe. The capital and largest city is Podgorica. The country is divided into 24 administrative units, or municipalities, and three regions: northern, central and southern. The elections held in 2020 led to the establishment of a new government: the party that had dominated the country’s politics since independence in 2006 the Democratic Party of Socialists (DPS), was replaced by a new ruling majority, led by the Coalition for the Future of Montenegro, opening up new possibilities for child-related policies.

Demographic situation

In mid-2019, the population of Montenegro was 622,028: 307,634 men (49 per cent) and 314,394 women (51 per cent). The total number of children (aged 0–17) was 135,533, or 21.8 per cent of the total population (approximately 51.9 per cent are boys and 48.1 per cent girls). The natural rate of population increase in 2019 was 1.0 per cent, with a considerable difference between municipalities: for example, the rate ranged from 10.3 per cent in Budva in the southern region to minus 19.3 per cent in Savnik in the northern region. The population of Podgorica accounts for about 30 per cent of the total population of the country, with the capital city and other urban areas being more populated than rural areas (63 per cent versus 37 per cent, respectively). The rate of internal migration is 10.5 persons per 1,000: in 2019, 6,504 people changed their place of residence, with about one-third moving to Podgorica. Internal migration is mainly from rural to urban areas, and from the less developed, more rural northern region to the central and southern regions. Life expectancy in 2019 was 76.7 years (74.0 years for men and 79.5 years for women). The population also shows a slight but perceptible imbalance in the proportion of boys and girls (in favour of boys) in the very young age groups. Montenegro reported a dependency ratio of 51.5 per cent in 2019, meaning that the dependent population now accounts for more than half of the total population. The size of the older cohort is expected to increase in the coming years due to the growth of the older population, while the child population (0–14 years) is expected to decrease.

Regional and international influences on the rights of the child

Since regaining independence in 2006, integration with the European Union (EU) has been a priority for Montenegro. Membership of the EU is considered possible after 2025. Montenegro has strengthened its institutional, legislative and administrative capacities and made efforts to align its policies to ensure that child rights are respected and protected in accordance with the EU Charter of Fundamental Rights.

The state has also signed and ratified key international conventions that directly or indirectly refer to children, including: the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) and the Convention on the Rights of Persons with Disabilities. As a state member of the United Nations, Montenegro...
is required to prepare a Universal Periodic Report (UPR) for review by the Human Rights Council. Reviews confirm that progress has been made in implementing reforms aimed at ensuring that the rights of the child are exercised in accordance with the Convention on the Rights of the Child.\(^{14}\)

### Economic background

In 2018, the country’s economy showed a respectable level of growth in its gross domestic product (GDP) of 5.1 per cent, attributed mainly to an increase in public infrastructure projects and private investments, particularly in the transport, energy and tourist sectors. Moreover, in 2019, the economy registered a higher-than-projected growth rate (3.6 per cent), and net foreign direct investment (FDI) increased to 7.2 per cent of GDP.\(^{15}\) However, the COVID-19 pandemic is reversing these positive trends: the World Bank estimate for the 2020 GDP stands at minus 14.9 per cent.\(^{16}\)

The economy has been particularly vulnerable to the effects of the pandemic due to its heavy reliance on the tourist sector, which accounts for over one-fifth of the national income. The economy also relies heavily on remittances (10.7 per cent of GDP) from EU countries and these, too, seem likely to be heavily impacted by the pandemic.\(^{17}\) While estimates vary, there is a consensus that the economy is facing its deepest recession in two decades. The World Bank is predicting a gradual return to growth in 2021, provided that the tourist sector can recover in the spring and summer seasons of the year. The World Bank estimates also suggest that the poverty headcount increased by around 2 percentage points, to 20.4 per cent, in 2020 (using the international poverty line for upper-middle-income countries of a purchasing power parity (PPP) of $5.5 per day),\(^{18}\) although no disaggregation by age group is available.

Complicating the economic recovery is the country’s fiscal deficit, which is expected to widen to approximately 11 per cent of GDP in 2020. Public debt and publicly guaranteed debt in Montenegro, already high due to additional debt taken on to finance infrastructure projects, may soar to 104 per cent of GDP, as it seems likely that the widening fiscal deficit will be financed by new debt.\(^{19}\)

The pressure to keep debt at a reasonable level and to maintain the EU accession timeline will lead to pressures to limit budget expenditures just when social protection, education, health and other needs are likely to grow.

### Humanitarian risk profile

According to the Index for Risk Management (INFORM), Montenegro has a relatively low overall risk score of 2.4, ranking 135\(^{20}\) out of the 191 countries included in the index. The overall earthquake hazard is classified as medium, and the seismic risk is most intense along the coastal areas. The country is categorized as being at high risk of flooding, which is likely to increase in the coastal areas as a result of increases in sea levels.\(^{21}\) In terms of the impact on the population and the economy, the Podgorica region is at the greatest risk from both earthquakes and flooding. Air pollution represents a high health risk for both adults and children, especially in the municipalities of Pljevlja and Podgorica.

In 2019, 24.5 per cent of the population was estimated to be at risk of poverty; 30 per cent of households with dependent children and 34 per cent of children under age 18 fell into this category.\(^{22}\) These relatively high proportions of households and children at risk of poverty signify a high level of vulnerability to shocks, which – in the absence of a shock-responsive social protection system and further building of institutional capacity – means that much of the population has low resilience to the potential economic impact of disasters.

### Gender profile

The country has taken steps to put in place legal, institutional and policy frameworks to promote gender equality. The Law on Gender Equality was passed in 2007, and amended in 2015, as part of harmonization with the EU aquis, and an Action Plan for Achieving Gender Equality for 2017–2021 was adopted.\(^{23}\) Moreover, Montenegro ratified the Council of Europe

The country is performing well with regard to key health and education indicators. Maternal mortality rates are low (6 per 100,000 births). The adolescent birth rate is 11, and 2.8 per cent of women aged 20–24 had a live birth before age 18. Ninety-six per cent of women aged 15–49 had completed primary or a higher level of education, compared to 96.3 per cent of men. The literacy rate for women aged 15–49 is 96.9 per cent, compared to 97.9 per cent for men. The MICS 2018 Gender Parity Index for school education is 1.01 for the primary school net adjusted attendance ratio, 1.05 for lower-secondary, and 1.06 for secondary. A slightly higher share of very young girls, aged 36–59 months, attend early childhood education programmes (55.6 per cent compared to 50.7 per cent for boys).

In 2019, the Gender Equality Index (GEI) for Montenegro was calculated for the first time. The GEI is a composite indicator using a methodology developed by the European Institute for Gender Equality. The GEI measures gender equality across six domains: knowledge; work; money; health; time; and power. The GEI for Montenegro was 55 in 2019, compared to a median value of 63 for all 28 EU member states, although its score and distance from the EU median varies across individual domains. For example, the score for health was 86.9, not far behind the EU median score of 88.1. Montenegro lags furthest behind other EU countries for the domains of power (35.1 compared to the EU median score of 51.9) and money (59.7 compared to the EU median score of 80.4). Regarding participation in the political sphere, the August 2020 elections resulted in the election of 18 women as members of parliament. This means that 22 per cent of the elected representatives at the national level are women, well below the 40 per cent target set in the National Strategy for Sustainable Development by 2030.

According to a 2017 survey, 43 per cent of women in Montenegro had experienced some form of violence during their lifetime, and 18 per cent had experienced violence in the previous 12 months. Prevailing attitudes are one of the main reasons behind the prevalence and underreporting of gender-based violence (GBV) in Montenegro: a concern that has been consistently raised in EU progress reports and in the reports of the Committee on the Elimination of Discrimination against Women regarding the country. The 2018 MICS results also point to a degree of cultural acceptance of violence among both men and women.
Right to health

Maternal and child health

Improvements in perinatal and paediatric care have been made in recent years, with Montenegro achieving standards in quality performance which are not far from those in other European countries. These are reflected in improvements in the child, infant and neonatal mortality rates since 2014. The under 5 mortality rate was 2.3 per 1,000 live births in 2019, compared to 4.0 in 2014 and 14.2 in 2000. The 2019 infant mortality rate was 2.0 per 1,000 live births compared to 3.5 in 2014 and 12.7 in 2000. The neonatal mortality rate is 1.3 per 1,000 live births, compared to 2.5 in 2014, and 8.9 in 2000. The maternal mortality rate has been 6.0 per 100,000 live births since 2013.

Improvements have also occurred in the availability and quality of care for mothers and newborns. The proportion of live births attended by skilled personnel is almost 100 per cent for both the overall population and the Roma and Egyptian populations. Antenatal care coverage has improved, although here there are still notable differences between coverage for Roma and Egyptian women and that for the overall population, and between women from poorer and richer households, especially with respect to care visits with skilled health personnel.

Quality of hospital care

The 2016 assessment of the quality of hospital care for mothers and babies noted several improvements since the 2011 assessment, in particular regarding the quality of physical infrastructure and equipment used. Remaining shortcomings include a lack of local or national guidelines and standardized protocols for care management.

Post-natal visits

In Montenegro, the home-visiting nurse service (the so-called patronage system) for children under 4 years of age has a crucial role to play in guaranteeing postnatal care and preventive services for infants. The patronage nurse service is available in all municipalities, but there are indications that fewer visits are carried out than the number prescribed, especially those related to preventive care, due to time constraints and an insufficient number of nurses. A 2017 study found that nurses carried out 55 per cent of the planned home visitation services, with 2.4 visits made to infants in the first year of life instead of the prescribed four visits. With further investment in the quantity and quality of human resources, these nurses have a potentially powerful role to play in improving outcomes related, inter alia, to breastfeeding, nutrition and immunization, which are discussed below, and in the prevention and early detection of violence against children (VAC).
Summary of bottlenecks: maternal and infant health care

<table>
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<th>Policy/legislation:</th>
<th>Supporting institutions:</th>
<th>Knowledge/awareness/practices:</th>
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<tr>
<td>The lack of updated national and local guidelines and standardized protocols for care of newborns in hospitals, together with mechanisms for monitoring their implementation, are hampering efforts to improve care and minimize differences in the quality of care provided. There is no systematic use of data to inform changes and improvements in the existing protocols.</td>
<td>Patronage nurses have a key role to play in the provision of quality antenatal and postnatal care services but are limited in their ability to play this role due to their excessive work load. With more training and less work pressure, their role in preventive child health care could be significantly increased.</td>
<td>Despite the widespread availability of antenatal care services, women who have lower levels of education, who are from poorer households or who are members of the Roma and Egyptian communities are less likely to use them. This is in part due to a lack of understanding or awareness of the advantages of these services. In the case of Roma and Egyptian women, there is the added barrier of actual or perceived discrimination by service providers.</td>
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Breastfeeding

Since 2013, the proportion of newborns who are breastfed in the first hour after birth has increased by 10 percentage points among the general population and by more than 20 percentage points among those in Roma and Egyptian settlements. However, three out of four newborns in the country are still not breastfed within the first hour of birth, and the rates of exclusive breastfeeding during the first six months of life remain low (19.5 per cent for the overall population and 13.6 per cent among infants from Roma and Egyptian settlements).

The underlying causes for the low rates of exclusive breastfeeding include a lack of national standards on infant and young child feeding, which leaves room for ambiguity in the approach of healthcare practitioners in hospitals and in the counselling provided during home visits after birth. The international Baby-Friendly Hospital Initiative (BFHI) guidelines on promoting successful breastfeeding have not been implemented consistently in the country. The 2018 BFHI global report and the UNICEF–World Health Organization (WHO) BFHI Implementation Guidance, which have yet to be rolled out in Montenegro, provide updated guidelines on infant feeding. Furthermore, there is evidence that implementation of the 2017 Code of Practice for health institutions and health professionals regarding the marketing of breastmilk substitutes is not consistent and not aligned with the International Code of Marketing of Breastmilk Substitutes. Aggressive marketing of breastmilk substitutes and complementary feeding products by private companies is still prevalent.

MICS 2018 data suggests that 78.7 per cent of women from the poorest wealth quintile receive breastfeeding counselling within two days of birth, compared to 90.8 per cent of those from the richest quintile. This suggests a need for more outreach to women from disadvantaged groups.
**Nutrition**

MICS 2018 data on minimum dietary diversity and on minimum meal frequency for infants up to 23 months suggests a worrying downward trend. The proportion of infants from Roma and Egyptian settlements that have the minimum dietary diversity (28.4 per cent) has not improved and remains less than half that of the proportion among the overall population (66 per cent). In fact, findings from the 2020 UNICEF study of multidimensional child poverty show that nutrition is the deprivation experienced most frequently by children aged 0–2, with 65 per cent of children in this age group being deprived in this domain.30

Table 1
Child nutrition (up to 2 years of age)
(Percentage)

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<tr>
<td>Early initiation of breastfeeding</td>
<td>24.1</td>
<td>14.4</td>
<td>40.9</td>
<td>20.3</td>
</tr>
<tr>
<td>(within one hour of birth)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Exclusive breastfeeding under 6 months</td>
<td>19.5</td>
<td>16.8</td>
<td>13.6</td>
<td>14.3</td>
</tr>
<tr>
<td>Predominant breastfeeding under 6 months</td>
<td>34.5</td>
<td>35.4</td>
<td>49.2</td>
<td>43.6</td>
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<td>(milk as the predominant source of nourishment)41</td>
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<tr>
<td>Minimum acceptable diet a) breastfed children</td>
<td>45.2</td>
<td>54.3</td>
<td>23.8</td>
<td>12.3</td>
</tr>
<tr>
<td>b) non-breastfed children</td>
<td>48.6</td>
<td>70.7</td>
<td>20.7</td>
<td>15.5</td>
</tr>
<tr>
<td>Minimum dietary diversity</td>
<td>66.0</td>
<td>75.3</td>
<td>28.4</td>
<td>28.8</td>
</tr>
<tr>
<td>Percentage of children aged 6–23 months who received foods from five or more food groups41 during the previous day</td>
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<tr>
<td>Minimum meal frequency:</td>
<td>76.0</td>
<td>96.2</td>
<td>70.4</td>
<td>66.1</td>
</tr>
<tr>
<td>Percentage of children 6–23 months who received solid, semi-solid &amp; soft foods (plus milk feeds for non-breastfed children) the minimum number of times or more during the previous day42</td>
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The proportion of Roma and Egyptian children under the age of 5 who suffer from stunting decreased from 27 per cent in 2013 to 21 per cent in 2018, but the proportion remains high compared to the 7 per cent incidence of stunting among children in the general population. Together with the results on dietary diversity among infants, this suggests that the quality of nutrition among children from the Roma and Egyptian populations remains an issue that can negatively affect other aspects of their development.

MICS 2018 data suggests that 7.3 per cent of children under age 5 are overweight. In 2016, a study of children aged 7 carried out using WHO methodology classified 18 per cent of both boys and girls as overweight; the prevalence rate of obesity was found to be 23 per cent among boys and 12 per cent among girls. Nutrition problems are also evident among older children. Parents may lose control over their children’s diets, and children may insist on eating fast food, in part due to peer pressure. Bringing food with them from home can be perceived as socially unacceptable, an indirect indicator of poverty, and a factor leading to exclusion from peer groups.

Another underlying factor for poor nutrition levels is the lack of priority given to school feeding programmes. Preschool facilities provide school meals, but the proportion of children attending preschool is still far from universal and the nutritional quality of the meals could be improved. School feeding programmes at the primary level are not provided on a systematic basis. There is also a lack of information on micronutrient deficiencies, which could be used to inform school feeding programmes, and insufficient provision of counselling to parents on child nutrition.

My daughter one day came out of school crying... “You gave me a grilled sandwich, ‘concentrated’ syrup, a bottle of water and some [puffed corn snacks].” She says this friend told her that she couldn’t hang out with other kids since she was of a lower class because she can’t afford to buy stuff at the supermarket.

(Focus group discussion with unemployed parents from Podgorica)

Situation Analysis SUMMARY
## Summary of bottlenecks to the improvement of breastfeeding rates, infant feeding and child nutrition

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<th>Supporting institutions:</th>
<th>Knowledge/attitudes/practices:</th>
<th>Poverty:</th>
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<tbody>
<tr>
<td>Inconsistent implemention of the BFHI guidelines as well as the Code of Practice for the marketing of breast-milk substitutes, coupled with a lack of mechanisms to guarantee monitoring of and accountability for implementation. A lack of national standards on infant and young child feeding, and of mechanisms to ensure their implementation. There is a lack of policy (and budgetary) priority attached to school (including preschool) feeding programmes, particularly for improving dietary intake among children from vulnerable groups.</td>
<td>Patronage nurses are not sufficiently resourced, trained or empowered to contribute to improving rates of breastfeeding and levels of nutrition.</td>
<td>A lack of parenting skills and knowledge among parents on the dietary requirements for children of different ages: there is evidence of considerable peer pressure among children to give preference to fast food/snacks, rather than healthier options, with an inability to afford such snacks being associated with poverty, including feelings of shame.</td>
<td>Adequate diets for lactating mothers and children of all ages are not affordable for some groups of the population, most evidently among Roma and Egyptian communities.</td>
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### Immunization

The Montenegrin National Immunization Programme requires mandatory routine vaccinations for children and sets out the prescribed vaccination schedule. Vaccination coverage rates have been declining over the last decade, especially for the first dose of the measles, mumps and rubella (MMR) vaccine in the second year of life, which was 55.1 per cent in 2017 and 42 per cent in 2018. Coverage with the second dose of MMR was 86 per cent in 2018, down from 95 per cent in 2014 and 97 per cent in 2010. Montenegro’s 2016 National Sustainable Development Strategy by 2030 aims to achieve 95 per cent coverage for mandatory vaccines, including two doses of the MMR vaccine. A 2019 survey on the attitudes of adults to vaccines suggest that about one-third of adults believe that vaccines should be avoided as they may cause other diseases and have adverse side effects. Just under one-third agree that ‘vaccines are one of the best medical inventions and thanks to them many infectious diseases have been eradicated’. About 20 per cent believe that posts on the internet and social media regarding the harmful effects of vaccines are true.
Situation Analysis

Mental health is increasingly in the global spotlight, partly because of more open discussion and the fading stigma, but also due to the increase in mental health issues in the context of COVID-19.

I am afraid of losing it, and I am very close to it. We have a pedagogue at school, but what we really need is a real psychologist who can help us, because we are all getting worse. No one cares about us. I want to cry.

(18-year-old boy from Bijelo Polje)

Even pre-COVID-19, there was growing evidence of unaddressed mental health issues among young people in Montenegro. Awareness of the importance of addressing mental health issues is growing, and this is reflected in the recent adoption of the national Strategy for the Protection and Improvement of Mental Health in Montenegro 2019–2023. However, challenges regarding implementation include the considerable stigma still surrounding mental health, which deters children and adolescents from seeking help. Secondly, there are shortfalls in the availability and quality of treatment for adolescents with mental health problems. Eight out of 18 primary healthcare centres (PHCs) have mental health centres that meet the prescribed standards. The lack of capacity in institutions specializing in addiction and mental health disorders can mean that adolescents are not referred for hospital treatment when this is needed or that they are treated by specialists for adults rather than adolescents.

Moreover, there is no clear coordination between education, health and social protection services to enable the early identification and referral

### Bottlenecks to improving immunization rates

<table>
<thead>
<tr>
<th><strong>Policy/legislation</strong></th>
<th><strong>Supporting institutions:</strong></th>
<th><strong>Knowledge/attitudes/practices:</strong></th>
<th><strong>Poverty/discrimination:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>A lack of policy priority attached to full implementation of obligatory vaccination programmes; a lack of incentives for providers; a lack of obligatory targets, including a lack of accountability mechanisms for meeting official targets for immunization coverage in line with the national immunization schedule; and a lack of budget allocations for awareness-raising campaigns.</td>
<td>Poor capacity among and insufficient training for healthcare providers on communicating the importance of immunization; and a lack of motivation among providers to ensure timely immunization.</td>
<td>A lack of knowledge of providers on the consequences of not following a strict timetable and WHO guidelines on routine immunizations; caregivers’ inadequate knowledge regarding the benefits of immunization.</td>
<td>There is some evidence of reluctance of parents from Roma and Egyptian communities to bring their children to Primary Health Clinics (PHCs) for vaccinations.</td>
</tr>
</tbody>
</table>
of children and adolescents to the available support services. What makes the situation more complex is the limited number of so-called professional associates in schools (pedagogues, psychologists but also special educators, speech therapists, etc) due to the norms that prescribe a certain number of professional associates in accordance with the number of students attending a given school, which was especially evident as a shortcoming during the pandemic. Centres for Social Welfare lack staff who can work with adolescents.

Responsibility for dealing with signs of both risky and undesirable behaviour, as well as anxiety or depression, tends to be shifted back and forth between parents, teachers and medical specialists. Crucially, there is little or no training or guidance available for parents in detecting early signs of distress and difficulty. This is also true for sexual and reproductive health issues, which are often taboo subjects avoided by both adolescents and parents/caregivers.

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**Bottlenecks to meeting the rights of adolescents to health**

<table>
<thead>
<tr>
<th>Policy/ legislation:</th>
<th>Supporting institutions:</th>
<th>Knowledge/ attitudes/ practices:</th>
<th>Poverty and discrimination:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescents are not recognized as a special age group within the public health system; there are inadequate health services for boys and girls aged 10–18. There are no clear mechanisms for interaction and coordination between different public services or for involving both parents and adolescents themselves in the design and evaluation of such services.</td>
<td>Structural issues within the healthcare system result in a lack of investment in training and availability of experts in mental health. There has been insufficient investment in the capacity of professionals and parents to recognize and treat symptoms and to communicate with adolescents on mental and reproductive health issues.</td>
<td>While there is growing awareness of mental health issues among health, education and social protection workers and among parents and adolescents themselves, the continued stigma surrounding mental health is dampening the supply of and demand for adolescent mental health services. Taboos surrounding reproductive health are also limiting demand and knowledge among adolescents.</td>
<td>The results of MICS 2018 point to significantly worse mental health indicators among children and adolescents from the Roma and Egyptian communities, highlighting the considerable stresses and anxiety faced by these groups.</td>
</tr>
</tbody>
</table>
Air pollution and children’s right to health

Globally, air pollution is often cited as the single greatest environmental threat to health, especially for children and unborn babies. Particulate matter has the greatest health impact: particulates contribute to increased risk of respiratory diseases and infections, to which young children are highly susceptible. Montenegro has adopted legally binding limits for concentrations of air pollutants in line with EU standards.

There are no up-to-date estimates of the impact of air pollution on children. Data from 2012 suggests that the proportion of infant mortality attributable to particulate air pollution was in the range of 3–9 per cent in Podgorica, 11–31 per cent in Pljevija and 6–19 per cent in Niksic. The prevalence of bronchitis in children attributable to air pollution exceeding WHO guidelines was in the range of 0–21 per cent in Podgorica, 0–55 per cent in Pljevija and 0–38 per cent in Niksic. The incidence of asthmatic symptoms among children attributable to air pollution was in the range of 1–7 per cent in Podgorica, 4–25 per cent in Pljevija and 2–14 per cent in Niksic.69

Bottlenecks related to air quality

<table>
<thead>
<tr>
<th>Policy/legislation:</th>
<th>Data:</th>
<th>Attitudes:</th>
<th>Knowledge:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The country’s National Strategy for Sustainable Development by 2030 draws attention to the issues of air quality in the energy sector, household heating and road traffic. In practice, low priority is given to understanding and addressing air pollution and other environmental determinants of child health.</td>
<td>Data on air pollution is collected in line with EU legislation, but a lack of financing means there is inconsistent data from the stations that monitor air quality.</td>
<td>Among the general population and among young people, there is evidence of a downplaying of the risks of environmental degradation, leading to less pressure on the government and the private sector to take action and be held accountable.</td>
<td>More research is required on the impacts of air pollution and other environmental determinants of child health.</td>
</tr>
</tbody>
</table>
Inequalities in access to healthcare services

The fact that healthcare services are not equally accessible for all children is a factor which underpins many of the differences in health outcomes for the different groups reported above. MICS 2018 data suggests that children from the Roma and Egyptian communities, poor children, children from rural and remote areas and children of mothers with lower education levels have less access and poorer health outcomes. The underlying reasons are partly financial. Although formal fees are not charged, there are reports of informal fees being requested or required. The 2020 UNICEF study on multidimensional child poverty in Montenegro reports cases where girls from the Roma and Egyptian communities found that they and their families were not treated well in hospitals because of their ethnicity. For this group of children, as with children with disabilities, disadvantage spans several sectors and must be addressed in a cross-sector manner if an impact is to be optimally achieved. Finally, a lack of transport is another factor limiting access for those living in remote areas.
Right to education

Significant improvements have been made in education, including notable rises in coverage of early childhood education. Preschool attendance and primary school completion rates for Roma and Egyptian children improved as well. The number of children with disabilities attending mainstream schools also shows a progressive trend. However, concerns remain regarding the quality of schooling at all levels, as well as some remaining disparities in access. This can be seen most clearly in the high proportions of Roma and Egyptian children not attending secondary school.

Early childhood education

Investments in early childhood education provide large returns, both in the lifelong development of the individual child and for the human, social and cognitive capital of the country. During their first five years, children acquire the ability to think, communicate, express emotions and form relationships. Early childhood learning can improve learning outcomes at later stages of schooling and can reduce rates of early school leaving. In economic terms, it can help increase productivity, enable women’s inclusion in the labour market and reduce public expenditure down the line on unemployment and poverty alleviation.61

The Statistical Office of Montenegro (MONSTAT) reports an increase in the number of children enrolled in pre-primary education from 17,091 in 2014–2015 to 23,080 in 2019–2020 and an increase in the number of pre-primary units from 118 to 170.62 In 2019–2020, 47 per cent of the enrolled students were girls and 53 per cent were boys, with 95 per cent attending public kindergartens.63

A comparison of MICS data reveals a considerable increase in the share of children aged 3–5 attending early childhood education programmes, from just under 40 per cent in 2013 to almost 53 per cent in 2018. Children in this age group from Roma and Egyptian settlements are less likely to have this opportunity, and there has even been a slight but worrisome decrease in the likelihood of them attending such programmes (from 18.5 per cent in 2013 to 15.5 per cent in 2018). The proportion of children in the immediate pre-primary age group attending early childhood education or primary school has increased: 67 per cent of children attend in the year before the official primary school entry age, compared to almost 46 per cent in 2013. The proportion of Roma children in this age group attending early childhood education is also on the rise (36.4 per cent) and 45 per cent of those in the first grade of primary school reported attending an early childhood education programme in the previous school year.

Apart from the disparities in attendance rates between children from Roma and Egyptian settlements and the overall population, 2018 MICS data points to continuing disparities in three areas. First, attendance rates differ between urban and rural areas, with 61.6 per cent of children aged 3–5 in urban areas attending, compared to 34.5 per cent from rural areas. Second, attendance rates vary between the northern, central and southern regions, with attendance rates of 37.1 per cent, 59.6 per cent and 51.3 per cent, respectively. The third discrepancy can be seen in wealth quintiles, ranging from attendance rates of 17.7 per cent for children from the poorest quintile to 64.8 per cent for children from the richest wealth quintile. While there has been a significant increase in the number of children with disabilities enrolled in preschool education (from 75 in 2015 to 125 in 2020),64 the numbers remain very low.

The concluding observations of the Committee on the Rights of the Child on the second and third periodic reports of Montenegro stress the need for greater investment if increases in preschool enrolment are to be sustainable. Regarding uneven geographical access, the Committee recommended the allocation of sufficient human, technical and financial resources for further expansion, particularly in rural areas.65
The benefits of early childhood education can be enhanced if they are pursued as part of the Nurturing Care for Early Childhood Development Framework developed by WHO, the World Bank Group and UNICEF. The framework consists of five components: 1. Good health; 2. Adequate nutrition; 3. Responsive caregiving; 4. Opportunities for early learning; and 5. Security and safety. Achieving progress in all components is vital for Early Childhood Development (ECD) and requires coordinating mechanisms to ensure the delivery of a package of services relevant to all five components. This implies coordinated mechanisms to address inequities in access to services, care and support which children face in their early years, and which have long-term implications for their future growth and development.

The MICS 2018 ECD index measures the percentage of children aged 36–59 months who are developmentally on track in at least three of the following four domains: literacy/numeracy; physical; social-emotional; and learning. Results in Montenegro show a relatively high but declining score for the overall population (90.2 per cent compared to 94.3 per cent in 2013, with a notable decline in the availability of children’s books at home). There is, however, a lower but rising score for Roma and Egyptian children (rising from 63 per cent in 2013 to 77 per cent in 2018).

In 2016, Montenegro invested 1.4 per cent of its GDP on ECD, in contrast with the recommended 2 to 3 per cent for middle-income countries. However, the way in which budget planning is currently carried out does not make it easy to plan and identify allocations for comprehensive cross-sector ECD interventions. In sector-specific strategy papers, costing of actions is often missing, or else the source of funding is only given in general terms.
Primary and secondary education

Net attendance rates are high, with over 96 per cent for primary school and 88 per cent for secondary school for the general population. This is a slight decrease since 2013, with a correspondingly small increase in the out-of-school rates for primary and secondary levels. Progress has been made in primary school attendance and completion rates for Roma and Egyptian children: 77 per cent attended primary school in 2018 compared to just under 58 per cent in 2013, and 55.6 per cent completed primary school compared to just under 30 per cent in 2013. Drop-out rates among this group of children remain a considerable challenge.

Table 2
Attendance and completion rates for primary and secondary schools

<table>
<thead>
<tr>
<th></th>
<th>National</th>
<th>Roma settlements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net attendance ratio (adjusted)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of children of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) primary-school age currently attending primary or secondary school;</td>
<td>96.4</td>
<td>98.2</td>
</tr>
<tr>
<td>(b) secondary-school age currently attending secondary school or higher.</td>
<td>88.0</td>
<td>93.1</td>
</tr>
<tr>
<td><strong>Out-of-school rate:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of children of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) primary-school age not attending early childhood education, primary or secondary school;</td>
<td>2.5</td>
<td>1.3</td>
</tr>
<tr>
<td>(b) secondary-school age not attending primary school, secondary school or higher.</td>
<td>6.5</td>
<td>5.5</td>
</tr>
<tr>
<td><strong>Completion rate:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of children above the intended age for the last grade who have completed that grade:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) primary school;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) secondary school.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>96.1</td>
<td>98.7</td>
</tr>
<tr>
<td></td>
<td>86.2</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Effective transition rate to secondary school:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of children attending the last grade of primary school during the previous school year who are not repeating the last grade of primary school and in the first grade of secondary school during the current school year</td>
<td>95.7</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Quality of education

Montenegro participates in the OECD Programme for International Student Assessment (PISA), which assesses the extent to which 15-year-olds have acquired the key knowledge and skills essential for full participation in society. It is based on an assessment of proficiency in reading, mathematics and science, as well as of student wellbeing. The PISA results suggest that the reforms previously implemented in

Montenegro have had a significant positive bearing on maths, but less so on reading and science.

In 2018, students in Montenegro scored lower than the OECD average for all subjects. A worrying finding is that between 40 per cent and 50 per cent of students in Montenegro are ranked as lacking functional literacy (below level 2) in the three different subject areas.

Table 3
PISA scores for Montenegro in 2012, 2015 and 2018

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading</td>
<td>422</td>
<td>427</td>
<td>421</td>
</tr>
<tr>
<td>Mathematics</td>
<td>410</td>
<td>418</td>
<td>430</td>
</tr>
<tr>
<td>Science</td>
<td>410</td>
<td>411</td>
<td>415</td>
</tr>
</tbody>
</table>


Barriers to improving the quality of education

The PISA findings suggest a need to improve the quality of education in Montenegro, not least to ensure that the education system can equip children and adolescents with 21st-century skills that can enable their entry into the labour market. Critical thinking, problem solving, persistence and creativity are not adequately valued, and children complete their compulsory education without acquiring many of the basic skills needed for further learning, employment and careers. The importance of addressing the quality of education has been recognized and reforms are under way.

These include ensuring that the relevant competencies are found in teacher training curricula and in pre-service teacher training. A 2017 review found that teaching skills were still more content-oriented, suggesting that teacher training was not keeping pace with changes in education policy. As part of efforts to address this, a socio-emotional skills programme is being rolled out with UNICEF support to cover primary and secondary-age students.
Situation Analysis

Inequalities

Girls outperform boys in reading (by an approximately 30-point difference), although the difference has been getting smaller. In mathematics and science, the chances of boys and girls are roughly equal, which is noteworthy, as in many countries, boys tend to perform better in these areas. The 2018 PISA results show that students from socio-economically advantaged backgrounds outperform those from disadvantaged backgrounds. This is the case in all countries participating in PISA, but the performance gap was found to be lower in Montenegro than the OECD average. Barriers for Roma and other disadvantaged children to access and benefit from education include hidden costs. Although all children have the right to free education in principle, in practice there are costs associated with the purchase of textbooks, as well as other indirect costs such as clothes and transport.75

But someone perhaps doesn’t have anything to wear, and goes without clothes or shoes, and gets teased at school, then they become too embarrassed to go.

(Focus group discussion with adolescent boys of Roma/Egyptian origin)76

However, the underlying factors hindering the participation of Roma and Egyptian children in schools go beyond these hidden costs – they are complex and multidimensional. They include: the language barrier (and limited support to overcome this); social isolation; stigma and discriminatory attitudes; the poor socio-economic conditions of the family, including hygiene conditions; and the prospect of dismal employment opportunities beyond schooling. In addition, when data on school attendance is analysed in conjunction with data on the prevalence of marriage under the age of 18, it is clear that, regardless of which one leads to the other, there is a clear link between school dropout and child marriage.

A number of positive measures have been implemented to increase school access for Roma and Egyptian children, particularly the appointment of Roma mediators in the educational system. Eighteen mediators or ‘associates in social inclusion’ were hired for the 2018–2019 school year. However, such mediators are not available in every municipality, nor are they present to support inclusion at all levels of education. A system has been adopted to identify early dropout risks, as well as a protocol for preventing and taking action upon early school leaving.77 All of these steps to address school access for Roma and Egyptian children require increased effort, more capacity building and a stronger cross-sector response.

Inequalities also exist in the physical state of school infrastructure and equipment, which can contribute to inequalities in the children’s learning experiences. Overcrowding is experienced in many schools, while there are cases of underused facilities in the north and in rural areas.

Another source of inequality is access to ICT, which has been thrown into high relief by the COVID-19 crisis. In the first months of the pandemic, when classroom learning was disrupted, almost half of refugee and asylum-seeker children in the country indicated the need for support to access online education.78 Only 54.2 per cent of Roma and Egyptian households have access to the internet and only 15 per cent have a computer at home.79 The problem of not having computers connected to the internet was especially pronounced in the northern region and in rural areas: 23 per cent of families with school-age children in the northern region and 25 per cent of respondents in rural areas reported not having a desktop or laptop with an internet connection (compared to 16 per cent for the country as a whole).80
### Bottlenecks for every child to access the right to the same quality of education

<table>
<thead>
<tr>
<th>Insufficient and inconsistent investment in human and technical resources for Early Childhood Education (ECE),</th>
</tr>
</thead>
<tbody>
<tr>
<td>leading to gaps in the geographical distribution and availability of ECE programmes, and shortfalls/differences in quality. Transport and other costs represent a barrier for poorer households, particularly in rural areas.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reforms to school curricula</th>
</tr>
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<tbody>
<tr>
<td>are underway, but there is more to be done to ensure that compulsory education can better equip children and adolescents with functional literacy, critical thinking and skills for the 21st century, which are vital for further learning and employment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Slow implementation of changes to teacher training:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-service training of teachers needs to keep pace with reforms to school curricula through more emphasis on socio-emotional skills and key competencies (including critical thinking, problem solving, cooperation, and effective communication).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inequalities in the quality of school infrastructure and availability of resources:</th>
</tr>
</thead>
<tbody>
<tr>
<td>in particular, the internet and access to computers, leading to a digital divide which compounds other educational disadvantages.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insufficient policy attention</th>
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</thead>
<tbody>
<tr>
<td>and lack of multisector approaches to addressing the multidimensional causes for dropout and low attendance of Roma and Egyptian children, especially at the secondary school level.</td>
</tr>
</tbody>
</table>
School-to-work transitions

A smooth and successful transition from school to work is important so that young people can gain financial independence and security, but also for their self-esteem, confidence and mental health. However, there are several indications that the labour market in Montenegro – as in other countries of the region – is having difficulty in absorbing graduates from different levels of the education system.

In 2019, about 17 per cent of young people aged 15–24 were not in education, employment or training (NEET). A 2016 study carried out by the International Labour Organization (ILO) found that the transition from school to work takes up to 61 months for those with only primary education, compared to around 11 months for those with a tertiary degree. Approximately 60 per cent of young people aged 15–29 are reported to be employed in the informal sector, meaning that they have less job security, lower wages and no or limited access to social security, work, health and safety rights. Young people from Roma and Egyptian families experience particular difficulties in transitioning to formal-sector work.

One barrier to a smooth school-to-work transition is the limited amount of counselling available. The only career guidance offered through the public system is provided by the National Employment Service. Another barrier is the mismatch between skills and labour market demand. While this is in part due to the limited focus of the school curriculum on 21st-century skills, it is also due to non-alignment of the vocational education system with employer needs and a lack of flexibility in responding to changing labour market demands.

In Montenegro, about 70 per cent of upper-secondary school pupils attend Vocational Education and Training (VET) schools, and among the employed population, nearly 45 per cent have completed vocational education. The challenge is to retain these positive outcomes by ensuring that vocational education is aligned with labour market needs. This can be achieved through ensuring greater involvement of future employers in vocational education, which serves the purpose of improving alignment of the education system with employer needs and also ensuring that more pupils receive work experience to inform their choices and prepare them for their formal entry into the labour market. The country’s strategy for the Development of Vocational Education 2015–2020 contained measures to promote practical on-the-job training with employers.
Right to leisure, play and participation in cultural and artistic activities

Young children from poorer families and minority backgrounds have less access to books, toys and other playthings. Data from MICS 2018 points to a decline of 15 percentage points in the proportion of children under the age of 5 who have three or more children's books, from 72.7 per cent in 2013 to 58.1 per cent in 2018. The share of children under the age of 5 from Roma settlements with three or more books dropped to 5.5 per cent in 2018 compared to 19.1 per cent in 2013. Both results point to a decline in reading culture, or in encouragement to read books. The differences in 2018 for the share of children under the age of 5 who play with two or more types of playthings are less stark (58.3 per cent for those in Roma settlements and 64.1 per cent for those among the general population).

The issue at hand is not so much the right to leisure and play, but rather the content of the play and the nature of the playthings. The powerful influence of the internet, coupled with easy access to inappropriate content and the large amount of time spent in front of screens, are of increasing concern. Evidence from a 2018 survey suggests that a large proportion of children’s and adolescents’ leisure time is spent in front of a screen: on average, children aged 12–17 spend eight hours per day in front of television, computer, tablet or smartphone screens, and the internet has become the primary source of information for adolescents. The influence of the internet and social networks was found to increase with age.

When I was younger, I used to read a lot…
Now… rarely.

(An adolescent from Bijelo Polje)

It is recognized that the internet opens up a whole range of opportunities and that its use helps children to develop valuable digital skills. However, there is also a growing awareness of the potential impact of the excessive use of social media on mental and physical health. It also has the potential to slow the development of life skills (due to the imbalance between time spent on screen and time spent non-virtually). For example, parallel to the rise in internet use and screens in children's free time and leisure activities, there is a striking decline in participation in more traditional leisure and cultural activities. Most children participating in the 2018 survey had not been to a cultural event of any kind in the previous year: 68 per cent had not been to the theatre, 60 per cent had not been to the cinema, 74 per cent had not visited a museum, 85 per cent had not attended an art exhibition and 61 per cent had not been to a concert. Moreover, 22 per cent of children said they hadn’t read a single book in the last year.

The internet has both good and bad sides, for example, it informs us. As far as learning is concerned, we can find a lot of things there. And there are also the bad sides, such as social networks. [...] A lot of bad things get circulated there.

(Focus group discussion with adolescent girls from Niksic)

Apart from the lure of the internet, cost presents another barrier to participation in traditional extracurricular activities, such as organized sports and dance. Parents are not always able to pay for membership, equipment, transportation, competitions or other costs.
Parents from the northern region are especially concerned with the lack of options for free-time activities for their children, which can be especially limited for girls.

My older girl is talented at volleyball. At the sports centre you need to pay €25 for membership. I asked a trainer if there was any discount, since we were receiving social assistance. He said that there is no discount... When (my daughter) was supposed to go to Sarajevo last year to compete, we couldn’t let her go because we could not afford the costs.

(FGD with unemployed parents from Niksic)
Rights of children with disabilities to health and education

Data from the 2011 census shows that 11 per cent of the population – approximately 68,000 people – have a limited ability to complete their daily activities due to a long-standing illness or disability. Recent studies point to the need to improve multi-sector coordination and the provision of integrated support services to achieve further progress.

Intersector coordination, including the establishment of the number of children with disabilities in the country, is hampered by a lack of agreement on a single definition of disability. There is also an absence of a consistent application across all sectors of the social model of disability assessment and determination, in accordance with the International Classification of Functioning, Disability and Health, with insufficient monitoring of the application of the model. Moreover, there are no mechanisms to ensure cross-sector budget planning to ensure that an integrated approach to the inclusion of children with disabilities can be planned and implemented.

The Inclusive Education Strategy for 2019–2025 recognizes the need to enhance intersector cooperation between education institutions, CSWs and health institutions. However, in practice, cooperation across services is almost non-existent at the local level, despite strong progress at the policy and legislation levels. Most of the services and support currently provided in the various sectors are highly specialized (for example, speech therapists, psychologists and teaching assistants). There is a need for more focus on primary services and support provided within the local community by classroom teachers, subject teachers, social workers and health workers, all of whom come into direct contact with children with disabilities and their families.

A 2019 report recommends that intersector collaboration should be put under the overall responsibility of the Council for Child Rights, and that there should be greater clarity on the roles and divisions of responsibilities between central and local governments. Improving coordination among government institutions requires better coordination between the NGOs that deliver most of the local support services. According to families, 80 per cent of the services they receive are non-governmental. There is no intersector plan for the delivery of specialist services.

Developmental monitoring, screening and early detection

Because children develop so rapidly during the first three years of life, the availability of child development monitoring and early detection and interventions are particularly important at that time. Counselling Services in Primary Healthcare Services (CCSNs) have the main responsibility for early detection and intervention. If timely and quality child development monitoring and screening are available, children may be adequately supported and referred for further assessment and intervention, as needed, and family members may be provided with information on disability and given advice on caring.

In practice, CCSNs lack adequately skilled and trained staff and proper equipment. Paediatricians are overwhelmed with other duties and often have neither the time nor the training to carefully monitor child development and to screen in order to detect subtle signs of developmental delays. To address this, patronage nurses could be given a complementary role and training in carrying out basic developmental monitoring and screening and improving outreach and support to parents during home visits (both in early stimulation of the child’s development and in recognizing signs of delays in development). However, home visiting nurses have inadequate outreach (as described above) and there is no protocol governing coordination and information sharing between neonatologists, paediatricians and home nurses.
The number of screenings for older children is adequate, covering only those who are enrolled in school, and this is therefore unlikely to cover Roma children, since they have lower attendance rates and are more likely to drop out in the later grades of primary school, and/or not to enrol in secondary school. Other obstacles hindering early intervention are: weak cross-sector cooperation between medical, child and social protection and education services, which can result in: the duplication of services, inefficiencies or coverage gaps; administrative hurdles; and the still-prevailing negative perception of disability, which discourages parents from acting on early signals. The monitoring of screening is also less effective due to the lack of standardized tools for developmental monitoring and screening.

A family-centred approach to treatment, with parents receiving sufficient support and training in practical caring skills, can make all the difference in the lives of children with disability. Research shows that this problem is due not only to a lack of training of professionals and nurses, but also to the persistence of the discredited ‘defectology’ approach and a narrow medical model in the country, rather than the internationally recommended social model of early intervention and rehabilitation.

For families living in remote and/or rural areas, the number and geographical distribution of rehabilitation services have been reduced, and not all regional rehabilitation facilities have the necessary specialist services, counselling and rehabilitation expertise.

### Bottlenecks to children with disabilities accessing health rights

<table>
<thead>
<tr>
<th>Policy/legislation:</th>
<th>Supporting institutions:</th>
<th>Attitudes and approaches:</th>
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<td>A lack of a consistent application of the social model of disability functioning, and a lack of standardized tools for monitoring and screening.</td>
<td>Inadequate human and other resources in primary healthcare centres leads to shortfalls in early detection; patronage nurses are also insufficiently tasked and trained in the detection of delays in development; and there is weak cross-sector coordination in delivering support services.</td>
<td>The lack of family-centred approaches to support parents and children, as well as the negative perception of disability, means that parents are less likely to react to early signals.</td>
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Inclusive education

The number of children with disabilities in mainstream education increased tenfold between 2010 and 2018, across all levels of education.\textsuperscript{95} Access to preschool remains low, and there has been limited infrastructure adaptation of the preschool environment for their specific needs. There are also low levels of enrolment of children with disabilities in secondary vocational education.

The Inclusive Education Strategy for 2019–2025 was adopted, building on the achievements of the 2014–2018 strategy. The strategy is designed to advance the progressive development of the social model of inclusion, and concentrates on two key elements, namely: (a) institutional reform, with a focus on stronger cooperation between education, health and social services, to enable children with disabilities to access mainstream schools and receive adequate support in these schools; and (b) building the capacities of teachers and of all professional staff in preschools and schools.

Local commissions for the referral of children into educational programmes make decisions on whether to refer children to mainstream schools, resource centres or day-care centres. There are 18 such commissions in the country, composed of a social worker from the local CSW, a school psychologist, a paediatrician, special-needs educators and pedagogues. In cooperation with caregivers, an individual educational and development plan is drawn up for each child, depending on the setting to which the child is referred, and is revised every six months.\textsuperscript{96}

Schools engage teaching assistants to provide support during the academic year; these assistants are hired on an annual basis depending on the needs identified in the individual learning plans. The three resource centres in Montenegro (the Resource Centre for Hearing and Speech, the Resource Centre for Children and Adults with Intellectual Disabilities and Autism, and the Resource Centre for Physical and Sight Impairments) provide technical support and guidance for mainstream schools and preschools. They also have satellite units that provide consulting and advisory sessions. The Bureau of Education organizes mobile teams of psychologists and other specialists to visit schools to assist in the development of individual education programmes and to work with parents. Networks of schools and teachers have been established to encourage and facilitate the exchange of experiences and handbooks and guidelines have been distributed. Training has also been provided for the staff of CSWs and for those working in vocational education.

While community-based services such as day-care centres are on the rise, their outreach and inclusiveness could be improved. Currently, there are 13 day-care centres for children and young people in Montenegro. The problem is that the users of day-care centres are of very different ages (ranging from 3 to 27 years) and, as such, have completely different needs and interests. Moreover, there is some evidence of inconsistent efforts and uneven opportunities for those attending resource centres and day-care centres to transfer to mainstream education, and that more children with mild or moderate disabilities could benefit from inclusion in mainstream education rather than attending segregated forms of day care.\textsuperscript{97}
### Bottlenecks to the inclusion of children with disabilities in mainstream education

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<th><strong>Policy/legislation:</strong></th>
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<th><strong>Knowledge/attitudes/practices:</strong></th>
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<td>The concept of reasonable accommodation is not adequately included in legislation; there is an inconsistent use of terminologies across different pieces of legislation.</td>
<td>Inconsistency in the approaches used by local referral panels and gaps in mechanisms for holding the panels to account; some children with mild disabilities attend day-care centres instead of mainstream schools; cross-sector collaboration between education, health, social and child protection services is lacking at the local level.</td>
<td>Positive attitudes to inclusive education are still not the norm, especially outside the big cities; parents and children perceive a gap between their legal rights and actual practices.</td>
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Child protection

Access to justice

Montenegro has made significant progress in bringing its legislation and practice in juvenile justice into line with United Nations and European Union standards and practices. The country has strengthened the legal, normative and institutional protections of the child, including the treatment of children in conflict with the law, child victims and child witnesses of crime, and has made improvements in the legislation governing family-related cases. Assessments have praised the positive changes in sentencing policy as one of the most significant achievements in advancing children’s rights in the region. There has been a clear declining trend in juvenile delinquency and an increased application of alternative and restorative approaches towards children in conflict with the law.

However, despite these impressive legal and institutional reforms, not all judicial proceedings involving children are child-friendly and not all children are guaranteed access to justice. Only a fraction of those children whose rights have been violated actually come forward and seek redress, and even fewer obtain an effective remedy. Children can formally initiate various judicial proceedings, either on their own or through their parents or guardians, but this is rarely done in practice, especially in the case of children from vulnerable groups.

The following challenges and bottlenecks to the implementation of every child’s right to justice remain:

Access to free legal aid. The Law on Free Legal Aid covers only a limited number of categories of children. As a result, the number of children benefiting from the right to free legal aid is very small. Moreover, even those who are covered and parents in general do not show any initiative in applying for free legal aid. Since the Law on Free Legal Aid was passed in 2012, children without parental care have submitted only two applications for free legal aid (in 2015 and 2018), with only one application approved. The law should be amended to ensure access to justice for all children, especially those in disadvantaged positions.

Ambiguity surrounding the interpretation of ‘the best interests of the child’. The concept of the best interests of the child was incorporated into amendments to the Family Law in 2016. However, some issues remain regarding the identification and interpretation of what those best interests are. The concept is not fully applied in all administrative and court proceedings, policies and programmes that affect children.

A lack of child-friendly approaches. Judicial and administrative procedures may fall short of being child-friendly in some cases. There is a lack of a multidisciplinary, holistic approach to providing support for children, especially children victims and witnesses of crime before, during and after legal proceedings. While specialized police officers, prosecutors, judges and defence attorneys for children are available, they require further and continued education/training.

Shortfalls in guaranteeing the child’s right to express an opinion. Although the legal framework guarantees a child the right to express an opinion, the preconditions have not yet been created for all children to be able to express their point of view in an environment adapted for children and in such a way that their opinion is respected. Some children are not provided with adequate support and thus are denied the right to be heard altogether, in particular children with intellectual disabilities.

A gap between legal rights and the human, technical and financial resources available. Insufficient technical and financial resources and support are provided for the implementation of child-friendly justice standards and there is insufficient cooperation among institutions.
This is particularly true of CSWs, which have considerable legal responsibilities in proceedings involving children.

**Access to information.** There is insufficient access to child-friendly information, making it difficult for children to understand their rights, and to know where to seek justice when their rights are violated. Attempts are being made to address this, including through the establishment of a special page on the website of the Ministry of Justice. UNICEF has supported the Office of the Protector of Human Rights and Freedoms (the Ombudsperson’s Office) in the development of child-friendly materials, including their distribution to children in rural areas, and some NGOs have developed child-friendly materials on child rights and how to access justice. However, further promotion and a change of social norms are needed to ensure that children and their families are aware of their rights and ways to seek remedy for the violation of children’s rights.

**The fragmented legal framework.** The current fragmented legal framework is an obstacle to children’s equitable access to justice. Even though good legal solutions may be obtained for children within this patchwork of laws, the fragmented nature of the legislation complicates access to information for children and their parents and carers that would enable them to understand their rights to justice and how to go about exercising those rights.

**Shortcomings in the database and use of data to inform policymaking.** Previous reviews have pointed to issues with the availability of data, especially disaggregated data, and to a poor understanding by legal professionals and decision makers of the type of data and analysis required. The data shortcomings are being addressed with UNICEF support. A set of common indicators on children participating in all judicial proceedings has been developed and validated by the Ministry of Justice and the Judicial Council. It will be part of the forthcoming data collection efforts of the Judicial Informational System – Judiciary of Montenegro (ISP) and the National Statistics Office.

The Strategy for the Reform of the Judiciary 2019–2022 envisages enabling children’s access to justice and foresees improvements in the free legal aid system, strengthened capacities of justice professionals dealing with children, establishment of a child-friendly infrastructure and raising the awareness of children and their families about access to justice, in particular the most disadvantaged children and families.
## Key bottlenecks to guaranteeing every child’s right to justice

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<td>The fragmented legal framework complicates access to information for children and their parents/carers that would enable them to understand their rights to justice; limitations on the categories of children entitled to free legal aid and insufficient coverage of the Law on Free Legal Aid.</td>
<td>Disconnect between legal standards regarding children’s rights to child-friendly procedures, and the resources available to ensure implementation and coordination between relevant institutions. Shortcomings in the availability and accessibility of child-friendly judicial and administrative procedures to all children in contact with the law in civil, misdemeanour, criminal and administrative proceedings. Insufficient specialization of justice-sector professionals who work with children in contact with the law in the area of international standards regarding access to justice for children and child-friendly procedures. Inadequate support for children guaranteeing them rights in practice to express their opinions during judicial proceedings.</td>
<td>Children are not seen as rights holders, which negatively affects the likelihood of children and their caregivers seeking legal redress for violations of rights, or even actively seeking information on their rights.</td>
<td>The justice information system needs to be established and to include all indicators relevant for children in contact with the law, as well as children/juveniles in juvenile prison or detention.</td>
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### Protection from all forms of violence, sexual exploitation, drug abuse and child labour

The experience of violence hampers children’s development, learning abilities and school performance. It inhibits positive relationships and provokes low self-esteem, emotional distress and depression, and it can lead to risk-taking and self-harm.106 Children can be both victims and witnesses of violence, and research has shown that children who witness one parent’s assault on another in the home often develop emotional problems, cognitive functioning disorders and accept attitudes around violence that need to be addressed over the longer term.107

Montenegro is committed to ending violence against children, and has made significant strides in the past decade to align its legal and strategic framework with international standards. Since
2017, it has gained recognition as one of the path-finding countries in the Global Partnership to End Violence against Children. This commitment is reflected in the country’s ratification of the Council of Europe’s Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (the Lanzarote Convention) in 2010 and of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the Istanbul Convention) in 2013.

The adoption of the Strategy for the Prevention and Protection of Children from Violence 2017–2021 is a further commitment to improve the legislative and institutional frameworks. The overall objective is to strengthen the national system by introducing a multidisciplinary response to the prevention of violence and to the protection of the physical and mental health of children who are exposed to or at risk of violence. It envisages care and services for children who are victims of violence. In 2017, the government established a taskforce composed of representatives of the Ministries of Labour and Social Welfare, Education, Health, Justice, Culture and the Interior, as well as a representative of the NGO sector to monitor the implementation of the Strategy.

Other relevant and progressive changes in national legislation include the 2016 amendment to the Family Law, which explicitly prohibits all forms of violence, including corporal punishment, in all settings by all those who come into contact with children. In 2016, in cooperation with UNICEF, the government launched the ‘End Violence Online’ campaign, which later evolved into a campaign against all forms of violence against children. The campaign placed particular emphasis on preventing domestic violence, including awareness-raising campaigns aimed at both children and parents, as well as capacity-building activities for professionals.

Children are increasingly subject to digital violence, that is, violence in the virtual world. Consistent data on the incidence and impact of online violence against children is not being regularly produced and monitored. The Global Kids Online Survey carried out in Montenegro in 2015/2016 showed that 29 per cent of children had seen images on the internet that were obviously sexual at least once in the past year. Children are also subject to violence from their peers, including in school settings.

According to the Ministry of Labour and Social Welfare, there was an increase of about 40 per cent in the number of cases of violence against children handled by CSWs between 2017 and 2019 (however, this may be due to improved reporting rather than an increase in cases). Out of the total number of reported cases, 581 happened inside the family and 78 outside the family environment. According to the Institute for Social and Child Protection, 185 cases of family violence were registered in the first five months of 2020. Of those, 155 cases were inside the family, 67 children faced emotional violence and 50 children witnessed family violence.

Despite the increase in reported cases, it is thought that violence continues largely in the shadows. In practice, only a small number of cases, particularly those involving sexual violence, are actually reported, and only a fraction of the victims actually come forward.

**Societal tolerance towards violence.** The 2016 Knowledge, Attitudes and Practices Survey on Violence against Children in Montenegro showed not only that adverse childhood experiences were much more prevalent than previously thought, but also that in society as a whole there is still a high degree of tolerance towards violence. Two-thirds of those interviewed (67 per cent) thought that beating a child, if it is not severe, is sometimes an effective means of child-raising; and 22 per cent perceived corporal punishment as useful for strengthening children and giving them a good preparation for life. A similar attitude was seen towards forms of psychological violence – 54 per cent did not consider shouting at children as violence and 35 per cent did not consider threatening and blackmailing a child as a form of violence. This points to a lag between the adoption of progressive legislation and changes in social norms influencing parents’ perception of acceptable forms of discipline. While amendments to the Family Law in 2016 express
forbid corporal punishment of children, it is difficult to implement in practice. However, several actors have intensified their support on this issue, including UNICEF, NGOs and the Protector of Human Rights and Freedoms' Office, which may explain the increase in the number of cases reported by CSWs in the period 2017–2019.116

**The stigma attached to reporting sexual abuse.** Slightly more than half of the country’s citizens (52 per cent) believe that there is no sexual abuse in Montenegro, and less than a third believe that it is present (27 per cent).117 This points to a high social tolerance of the issue, but also potentially to the stigma associated with this phenomenon that prevents citizens from talking about it or even admitting that the problem exists. This contributes to underreporting, which in turn reduces the reliability of the database and the evidence available to advocate for the scaling-up of policy responses. A related issue is that underreporting can also be caused by the prevailing attitudes among professionals, who tend to downplay cases of domestic violence.118

**A lack of awareness and underreporting of online violence and peer-bullying.** There is evidence of both a lack of awareness of the prevalence and of the potential impact of online violence among children, parents and teachers. Young people themselves have pointed to a lack of awareness of the extent and impact of peer violence.119

*Think that people are not aware of the extent to which peer violence affects the mental health and normal development of children. Some are encouraged to respond to such violence with more violence, and some make walls around themselves, creating a form of barrier for everyone who approaches them.*

(Secondary school student)119

**A lack of awareness of the long-term and intergenerational impact of violence on children.** There is growing evidence of how the experience of violence at a young age leads to a heightened probability of the victim carrying out violence as an adult. This argues for greater focus to be placed on raising awareness of the negative consequences of VAC in order to help break the generational chain. A survey carried out by the Organization for Security and Cooperation in Europe (OSCE) on violence against women in Montenegro120 showed that 31 per cent of women had experienced some form of physical violence at the hands of an adult before the age of 15, compared to an average of 27 per cent in other EU countries. Data also showed that parents who experienced physical violence as children were more likely to use strict parenting methods.

**Coordinating and implementing a multisector approach.** Multidisciplinary and multisector cooperation are extremely important for mounting an effective response to VAC at the national and local levels. This is reflected in the rotating principle of coordination and implementation of the Strategy for the Prevention and Protection of Children against Violence 2017–2021. Intersector approaches and coordination are also envisaged by the Protocol on the Treatment, Prevention and Protection in Cases of Violence against Women and Domestic Violence, which was adopted in 2018 to guide implementation of the 2010 Law on Protection from Domestic Violence. The Protocol sets out the modalities for multidisciplinary work in line with the commitments made in the Istanbul Convention in cases of violence against women and domestic violence. According to the Protocol, CSWs should play a coordinating role among all the relevant actors and professionals from other sectors. Monitoring reports suggest that there is considerable room for strengthening the capacity of the health, education, law enforcement and justice sectors and for CSWs to take on their roles in referring victims of domestic violence to relevant services.121 Many professionals (including teachers, health workers, police officers, justice-sector professionals and social workers) not only lack the necessary knowledge, capacities and skills, but are also untrained in standardized working procedures. The lack of
such skills and procedures leads to the weak implementation of a holistic and integrated approach, and underreporting and secondary victimization of children.

Insufficient outreach and support for parents to encourage alternative approaches to violent discipline and to increase awareness of online violence. This is currently being addressed through the Parenting for Lifelong Health for Young Children programme (for parents of children aged 2–9) implemented since 2018 by the health, education and NGO sectors in five municipalities. In addition, the family outreach service run by an NGO with technical support from UNICEF in 10 municipalities provides intensive support to: families in crisis; families with children at risk of abandonment, neglect or abuse; and families with children returning from foster care or institutional care (covering about 260 children). The home-visit service implemented at the primary health-care level by patronage nurses also has a role to play in the prevention of home violence. Patronage nurses are critical in the early detection and prevention of family violence and/or child neglect because of their unique ability to see the family’s life from the inside and assess it professionally (after proper training in the screening of family violence risks). Patronage nurses are aware of their role in the prevention of domestic violence and do react to suspected cases.

Shortcomings in data for informing policy design and monitoring policy impact. The 2019 Review and Assessment of Sources of Administrative Data on Violence against Children confirmed that there is no set of indicators at the national level for monitoring VAC, and that the data collected by various institutions is not comparable and cannot be disaggregated by key variables important for monitoring child rights violations. Comprehensive data is lacking on the numbers of victims and witnesses and the type of violence they are subjected to, in particular on online child sexual abuse and exploitation. The concern remains that very few cases are being reported due to limited awareness, stigma and inadequate institutional capacities, highlighting the need for improved data collection and increased accountability for reporting.
### Bottlenecks to guaranteeing protection for child victims and witnesses of violence

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<td>Insufficient monitoring of the impact of policies; a lack of fully standardized work procedures for an integrated response to violence against children.</td>
<td>Inadequate capacity of supporting institutions in the health and social protection sectors (including CSWs) to provide support and shelter for child victims and witnesses of domestic violence. Limited capacity of national- and local-level professionals (from the health, education, social and child protection sectors) for timely identification, reporting, referral and protection of children at risk of and/or exposed to any form of violence. Insufficient investment in family support services to promote alternative models of positive parenting in order to help prevent and reduce the incidence of violence against children. A lack of multisector coordination mechanisms to address online child sexual exploitation, support children victims of sexual abuse and address abuse within forced marriages.</td>
<td>Societal tolerance towards violence, including the use of corporal punishment and psychological violence; the stigma attached to reporting sexual abuse and attitudes of professionals dealing with victims; a lack of awareness of the prevalence and impact of online violence among parents, teachers and children.</td>
<td>Incomplete data on victims and witnesses of violence, and the types of violence they are exposed to.</td>
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### Rehabilitation and reintegration of victims of violence

National legislation envisages measures to support victims of domestic violence, address sexual harassment, sexual and physical assault, rape within marriage and violence against children, and provide compensation for victims of violent crimes. The national Strategy for the Prevention and Protection of Children against Violence 2017–2021 lists measures to introduce new services and to improve the existing ones for assistance and support to child victims of violence. These include: setting up a National Children’s Home for victims of violence; speci-
Victims, and witnesses of violence, are all referred to the CSWs. However, recent reviews suggest that CSWs do not have the necessary human or other resources to provide appropriate services and, partly for this reason, are not proactive in their response and outreach. For example, the GREVIO Baseline Report for Montenegro (2018) points to shortcomings in the capacities of CSWs to offer and coordinate support to child victims, mainly resulting from understaffing and underresourcing, coupled with the increasingly wide range of tasks they are expected to fulfil. Similar conclusions regarding the mismatch of resources with tasks were made in the recent Analysis of the Work of Centres for Social Work. Moreover, there are an insufficient number and variety of quality services provided in other sectors (including psychology and psychiatric services in the health sector) to which CSWs can make referrals.

**A lack of shelters.** A 2017 review looked at the three officially recognized shelters/safe houses run by NGOs providing accommodation for victims, with priority being given to women belonging to ethnic minorities and children who have suffered violence. It found that these facilities do not meet all the standards set out in the Istanbul Convention. Moreover, there are no shelters or services specifically tailored to victims of child marriage or sexual abuse. Gaps include a lack of adequate support and professionals trained to communicate with and accompany victims of child marriage and sexual abuse from the Roma and Egyptian communities. More efforts are also necessary to address and support child victims of sexual abuse, including within forced marriages, which affect mostly the Roma and Egyptian communities (see the subsection below). This would suggest the need for a crisis centre specifically for victims of arranged early marriages/unions.

**Protection of children belonging to a minority or an indigenous group**

Children from the Roma and Egyptian communities face more vulnerabilities and disadvantages than their non-minority peers across all domains of child rights, including accessing their right to a protective environment. According to the results of the 2018 MICS, Roma and Egyptian children face almost the same degree of risk as their peers of being subject to corporal punishment or verbal violence within the home, but are more likely to face the risk of severe physical violence. Roma and Egyptian children are at particular risk of entering or being forced into early child marriage and begging/living on the streets. Both of these practices are associated with a higher risk of experiencing violence. Global data suggests that adolescent girls who marry early are more vulnerable to domestic and intimate partner violence than those who marry later. They often lack the position, autonomy and power to decide or negotiate with their partners and other adult members within the marital household. Begging is associated with a different set of risks, including violence, exploitation and vulnerability to human trafficking.

MICS data for 2018 shows that 1.1 per cent of girls aged 15–19 among the general population were married, compared to 32.5 per cent among those from Roma settlements (0.0 per cent for boys in the general population and 15.8 per cent for boys from Roma settlements). These figures show that there has been little change since 2013, when the share was 28.1 per cent for girls and 16.5 per cent for boys. Moreover, 60 per cent of Roma women and 20 per cent of Roma men aged 20–24 reported that they got married before reaching the age of 18, compared to 6.0 per cent and 3.2 per cent, respectively, among the general population.

Barriers to reducing the incidence of child marriages/unions in Roma and Egyptian communities include: inconsistencies/gaps in the legislation and legal definitions of child marriage; prevailing traditional attitudes and the fact that many child marriages/unions are not actually registered; and a lack of professional support at the local level to prevent child marriages/unions and to provide support to victims.

**Access to education and the intergenerational transfer of poverty and disadvantage.** A higher percentage of young women in Roma and
Egyptian settlements aged 15–19 with no education are currently married or in a union, compared to women with primary education (40.9 per cent and 33.3 per cent, respectively).^{128}

**Underreporting and inadequate institutional support.** As with the general population, underreporting and inadequate institutional support to identify and prevent maltreatment at an early stage are a problem. The resulting lack of visibility means that the policy attention and resources allocated for the protection, rehabilitation and reintegration of victims of child and arranged marriages are also low.

The Strategy for the Protection from Domestic Violence 2016–2020 includes specific activities to address the incidence of violence among Roma and Egyptian communities. These include: (a) capacity building and training for Roma and Egyptian activists in the provision of confidant services (i.e. a person that a victim confides in and who attends to all the protection procedures and actions); (b) outreach programmes in the communities for sharing information on violence against women and available services; and (c) in consultation with Roma NGOs, the development of guidelines and protocols for the police, Centres for Social Work, schools, courts and health centres on procedures and for processing cases of forced marriage.

**Child labour**

The most common form of child labour among minority communities is begging. In being forced into begging on the streets, children are prevented from realizing their basic rights, including their rights to education, adequate health protection, living standards and family care. There are no official statistics available on the number of Roma and Egyptian children living and working on the streets, although the nature of their activities means that they are quite visible. Less visible are the associated forms of exploitation, including trafficking and economic and sexual exploitation to which they may also be exposed. Although the causes and consequences of this kind of abuse and exploitation of children are relatively well-known, finding sustainable solutions remains elusive.

### Bottlenecks to ending child labour

#### Policy/legislation:

A comprehensive strategy has never been developed, nor is there any updated study on the underlying causes of the situation of children forced into labour. Identification and sanctioning of cases of child begging are not effective. Enforcement of the legally prescribed penalties has also not proven to be effective. Parents may face prison sentence, fines or loss of parental rights, but in practice action against parents who send their children to beg is relatively uncommon.

#### Data:

There are no systematized records kept of children who are begging and no estimate is made of the number of children living and begging on the street.

#### Shortcomings in terms of institutional support:

There is little or no support available for the reintegation of child beggars into the family or for their placement in an alternative care system. CSWs are mainly involved after victims have been registered with the police. Furthermore, there is also a lack of preventive support activities for families at risk of losing their children to the streets and a lack of information available to children living on the streets on how to protect themselves from the risk of becoming victims of trafficking and labour exploitation.
Separation from parents, adoption, children deprived of their family environment, periodic review of placement and treatment; parental guidance; responsibilities and state assistance

In Montenegro, every child without parental care is entitled to special protection and assistance from the state. This includes foster family placement, adoption and, in exceptional cases, placement in adequate childcare institutions. Both the Family Law\textsuperscript{129} and the Law on Social and Child Protection\textsuperscript{130} focus on prevention of family separation and prepare the ground for foster care as the preferred form of alternative family care for children.

Considerable steps have been taken to transform residential institutions into alternative care and support services; to expand alternative forms of care for children, with a focus on foster families; and to develop quality standards and licensing processes for the state and civil society providers of services for the delivery of a broader range of social and child protection services. Recent data shows that the overall decrease in the number of children in institutional care since 2010 is 50 per cent.\textsuperscript{131} The total number of children living in institutional care at the end of 2019 was 156,\textsuperscript{132} of whom 77 were in the Mladost Children’s Home in Bijela. Most children in institutions have been deprived of parental care, but there are also a significant number of children with disabilities living in institutions. In 2018, out of a total of 151 children in institutional care, 99 were children with disabilities, or almost 66 per cent of all the children in institutional care. This includes children that CSWs have placed in institutions in Montenegro, as well as children, mostly with severe disabilities, referred from Montenegro to institutions in Bosnia and Herzegovina and Serbia.

Several reviews/reports\textsuperscript{133} have pointed to problems with the de-institutionalization process and implementation of the transformation plan, as well as threats to its sustainability, mainly due to shortcomings in the system to identify children at risk of separation\textsuperscript{134} and a lack of family support services that can provide intervention early enough to prevent children being separated from their biological parents. There are shortfalls in the mechanisms established to monitor and supervise the status and conditions of children placed in alternative care and\textsuperscript{135} in the support for foster parents, including insufficient support and training for social workers and staff at alternative care institutions.\textsuperscript{136} Reviews also point to shortcomings in the system for licensing service providers and accrediting programmes for family and parent support services at the local level.
### Bottlenecks to the full transition to alternative non-institutional care

#### Policy/legislation:
The current legal framework designates CSWs as the institutions responsible for the coordination of all community actors in providing services, assistance and support and cash transfers. However, the framework makes no provision for coordination mechanisms, nor does it set out clearly the responsibilities of representatives of other systems. The expectations of CSWs are significantly higher than their actual capabilities allow.

#### A lack of foster care options:
Foster care can be ‘kinship’ or ‘non-kinship’; the non-kinship form is less common. In 2019, there were 231 kinship families and 41 non-kinship families. Two major gaps in the availability of foster care are the lack of professional emergency foster care for victims of violence and the lack of specialized foster care for children with disabilities and children under the age of 3. Very few children with disabilities are placed in foster care.

#### Capacity gaps in supporting (state) institutions:
The capacity of key social-sector stakeholders is insufficient to meet the demands of the comprehensive reform of the social and child protection system. The Committee on the Rights of the Child has recommended that the state provide continuous capacity building for the staff of the Ministry of Labour and Social Welfare, for social workers and for staff working in alternative care institutions and with foster families. However, the 2018 Analysis of the Work of Centres for Social Work argued that CSWs are not equally equipped to fulfil their tasks. In addition, CSWs are reactive and tend to provide support for foster parents only when a problem arises. A 2016 UNICEF-commissioned study showed that foster parents felt they were not adequately prepared to care for the children they foster, which resulted in several cases of foster care breakdown.

#### An underdeveloped system of local family-and community-based services:
The system of family and community-based services is still fragile and additional efforts are needed to prevent family separation. Support for the biological family has been insufficient relative to the efforts invested in the development of alternative care services, and the current offer of non-institutional services is insufficient to meet all needs. One underlying reason is that while local self-governments may provide services, they are not obliged to. This leads to a lack of funding. In order to obtain funding from the state budget, the services must be recognized as being priority services in the local social and child protection plan. The development of local services requires not just decentralization of responsibility, but also the funding of these services.
As proposed in the ‘Roadmap for the Transition from Institutional towards Family- and Community-Based Care in Montenegro’ (2019), the priority services to be developed for vulnerable children and young people include emergency fostering, family outreach services, shelters for victims of violence and supported housing for young people leaving care. Developing family outreach services to prevent family separation and enabling access to viable foster care options are fundamental to improving the protection of children deprived of parental care. Since 2016, a family outreach service has been piloted to strengthen biological families and their parental competences to keep children, particularly those aged 0–3, with their families. The service is provided by an NGO in 10 municipalities, with UNICEF support, and the plan of the Ministry of Labour and Social Welfare is to scale up the programme nationally.

The 2019 Roadmap estimated that the remaining transition period for the Mladost Children’s Home could take approximately three years, provided that the various forms of foster care and family support services are expanded and discharge rates remain similar to those seen in recent years. A lack of funding is a major potential barrier to putting in place alternative systems and ensuring that systems can work in parallel during the transition period. In the Roadmap it is calculated that the minimum package of family- and community-based care for children and young people currently in formal care institutions would cost more or less the same as the current mix of services that include residential care.

**Refugee children, family reunification, illicit transfer and non-return**

Migration flows into and through Montenegro increased considerably from early 2018 onwards, as refugees and migrants sought alternative routes through the Western Balkans to reach the EU member states. The average stay of these migrants is up to 15 days, which indicates that Montenegro is not usually perceived as a country of destination. In 2019, over 7,500 arrivals were registered. Between 1 January and 31 December 2019, 1,921 foreigners applied for international protection, 196 of whom (10.2 per cent) were children, and of these 192 were accompanied by one or both parents and four were unaccompanied or separated children. A slight decrease in the number of new arrivals was expected in 2020 due to the COVID-19 pandemic and stricter controls at and the partial closure of border crossings. However, from 1 January to 10 September 2020, 1,519 migrants and foreigners seeking international protection in Montenegro had entered Montenegro, of whom 1,277 were males, 79 females and 163 children (including six unaccompanied or separated children).

The government’s approach is to ensure that all migrants are registered and have their immediate needs met. In fact, registration is a precondition for accessing the right to support. Attempts have been made to bring national legislation and policy frameworks into line with EU standards regarding the rights of migrants. For example, changes have been made in the laws regulating health care to allow temporary access to health services and protection for foreigners. Overall, national legislation now sets exceptionally high standards for the country’s response and provision of services for migrants, and in some areas sets even higher standards than those contained in the EU secondary legislation.

Two reception centres have been established to register and receive new arrivals, one of which (Bozaj) was opened in 2020. However, there is evidence that, in practice, the capacities of these centres and other supporting institutions responsible for providing services at or with the centres are not always sufficient to ensure the full implementation of all legal provisions. One limitation is that an electronic system for data entry and monitoring has not yet been established. Currently, data can only be searched manually, which means that the same persons can appear in databases several times under different names and some can fall between the cracks.

For this and other reasons, some migrants, including children, remain unregistered and invisible. These children represent a particularly vuln-
able group, who need to be able to access specific rights and procedures to guarantee their protection. They are also particularly at risk of becoming victims of human trafficking. CSWs often do not have enough resources to devote attention to their needs, apart from the formality of acting as a legal guardian. The 2019 EU Progress Report on Montenegro recommends:

"Montenegro should further strengthen the capacity to deal with mixed migration flows and the integration of refugees; continue to increase human and material resources devoted to border management and the migrants’ registration system." 147

According to the United Nations Rapid Social Impact Assessment of the COVID-19 outbreak in Montenegro, asylum-seeking and refugee children are the groups most vulnerable to the impact of the pandemic. More than three-quarters of foreigners with approved asylum or subsidiary protection, foreigners seeking international protection in Montenegro and persons at risk of statelessness, who had been working primarily in the informal sector, either immediately lost their jobs or almost completely lost their incomes. At the end of May 2020, 60 per cent of foreigners with approved asylum or subsidiary protection, foreigners seeking international protection in Montenegro and persons at risk of statelessness were still without work or the possibility of income generation. The problem was especially acute for foreigners seeking international protection in Montenegro and living in private accommodation and for persons granted refugee status, 70 per cent of whom had lost their jobs and income. This implies a serious risk, for many, of not being able to pay their rent and of becoming homeless. Children from this group also need extra support for online learning and catch-up classes.

In March 2020, UNICEF Montenegro, in close cooperation with the Ministry of the Interior, the Office of the United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM), completed a Rapid Assessment of the Situation of Migrant, Asylum-Seeking and Refugee Children and Families in Montenegro. Building on the results of the Rapid Needs Assessment, UNICEF is providing: support for the training of health workers on health protection, breastfeeding, immunization and cross-sector training on major child protection issues and concerns; cross-sector training on GBV; and the procurement of equipment for child-friendly spaces in the asylum centre and the Bozaj reception centre.

A separate set of issues is related to refugees/displaced persons from the former Yugoslavia. According to UNHCR, since the 1990s, Montenegro has maintained an open-door policy for people fleeing the conflicts in the former Yugoslavia. 148 Over the years, this has been concretized by introducing the possibility of local integration through the status of foreigner with permanent residence. 149

### Bottlenecks to providing protection to refugee children

#### Supporting institutions:
Despite the exceptionally high standards of protection set out in the legislation, reception centres and other facilities lack the human and other resources to meet the nutrition, health and protection needs of all children and families in a coordinated manner.

#### A lack of digitalization of the registration processes:
There is still no system for ensuring a unified database on all refugees and foreigners seeking international protection in Montenegro, meaning that some children remain invisible and their safety cannot be guaranteed. This is particularly worrying in the case of unaccompanied children.
Right to an adequate standard of living and to social security

Income poverty

The standard of living is often equated with adequate financial means and is measured by household income. Data from the 2019 Survey on Income and Living Conditions (SILC) (which uses standardized EU methodology for defining and calculating poverty rates) shows that children in Montenegro have a higher risk of poverty than the overall population: 33.7 per cent of children aged 0–17 are at risk of poverty, compared to 24.5 per cent of the overall population. Children’s risk of poverty depends largely on their parents’ level of education, activity status and on their place of residence. It rises according to the lower levels of education of the child’s parents, affecting 84 per cent of children with parents whose highest level of education is lower than secondary. The risk of poverty in the country is above average for households in the northern region (41 per cent), and for those in rural areas (36 per cent). Children’s risk of poverty is also likely to be higher if one or more parents are unemployed, with 45.5 per cent of unemployed adults (over the age of 18) at risk of poverty, compared to 7 per cent among the employed and just under 20 per cent among the self-employed. Moreover, the risk of poverty rises according to the number of dependent children in a household: a striking 45 per cent of households with three or more dependent children are estimated to be at risk of poverty.

Social security

Linked to the right to an adequate standard of living is the right to a guarantee of basic minimum income security. Social protection systems should provide a floor for children, ensuring basic income security either through universal child benefits, and/or through targeted support to parents and carers with insufficient means. Access to regular cash benefits can help vulnerable households build their resilience to shocks and help ensure that they do not resort to negative coping strategies in the event of unexpected shocks (vulnerability amidst the COVID-19 crisis being the current case in point).

Montenegro has a comprehensive social protection system, comprised of two social assistance benefits from which a broad section of the child population can benefit, namely family benefits and child allowances, both of which are means-tested and are administered through CSWs. In practice, the receipt of family benefits is a precondition for the receipt of child allowances. These two benefits are the only ones that explicitly target poor households and children. To qualify, applicants have to prove that they cannot work, and that they do not own property or land or moveable property. Exceptions are made for pregnant women, single parents, those who have just left schooling and children without parental care.

In its 2018 concluding observations, the Committee on the Rights of the Child expressed concern at the ‘decreased public spending for child allowance, limited coverage and impact of social cash transfers in reducing child poverty, and a decline in the number of child beneficiaries, while the poverty rate has increased in the recent years’.

Indeed, there is evidence that the restrictive targeting approach outlined above means that children in large sections of the poor population are missing out on income support in the form of social assistance cash benefits. While more than one in three children is at risk of poverty (see above), only one in 10 is currently covered by child allowances. This points to considerable gaps in coverage and failure to guarantee basic income security for large numbers of children. Moreover, calculations carried out on the basis of SILC data show that tax-funded social...
assistance benefits, as a whole (i.e. not just child allowances), have a limited impact on reducing the proportion of the population at risk of poverty: the proportion of those at risk of poverty is only 5 percentage points lower after receiving social assistance benefits,\(^\text{153}\) pointing to gaps in both the coverage and adequacy of benefits.

As indicated above, unemployment is associated with a higher risk of poverty, and unemployed parents are less able to ensure adequate standards of living for their children. Insufficient policy attention is paid to the disincentives for searching for work created by the fact that – due to the restrictive eligibility requirements – parents can lose their right to family benefits and child allowances and associated subsidies if they find employment. This not only discourages active job seeking, but also creates incentives for work in the informal sector, which, in turn, is associated with a greater risk of precariousness, irregularity and instability in household income.

When parents become employed, they get removed [from the employment agency rolls], and so do their children. Well, that’s the problem, really. For example, my daughter has to have regular check-ups, and when you are removed from the employment agency rolls, you lose health insurance and everything.\(^\text{154}\)

The budget resources allocated for family benefits and child allowances have been decreasing significantly over the last decade. A 2016 review highlighted a decrease of 35 per cent in the amount of public spending on child allowances during the period from 2013 to 2016. The country spends under 2 per cent of GDP on social protection, but child allowances represented just 0.09 per cent in 2016, down from 0.16 per cent in 2012. Overall levels of spending on social protection, in particular levels of spending on child and family allowances, are below the EU averages.\(^\text{155}\) Expansion of cash benefits and services for children requires greater fiscal space, but this seems likely to narrow even further as a result of the pandemic, owing to the rising public debt levels discussed above. But the lack of fiscal space is also a question of prioritization. Higher priority is more likely to be allocated to expanding the coverage and adequacy of family benefits and child allowances if there is more awareness of the returns on investments in social protection for children. Recent research in Montenegro illustrates clearly how deprivationsexperienced in childhood have long-term impacts on the child’s development and how a lack of investment in the early years can lead to increased levels of social expenditure further down the line, contributing to a cross-generational transfer of disadvantage. On the reverse side, it shows how investments can lead to economic and social returns over the longer term.\(^\text{156}\)

The social protection system has limited capacity for shock response. The COVID-19 pandemic has drawn attention to the need to enhance the shock-responsiveness of the existing social protection system in order to ensure that it can react quickly to expand support horizontally (increase coverage) and vertically (increase benefits to the existing beneficiaries). A review of the social protection system is currently under way, which should provide the basis for reform measures to ensure the creation of more shock-responsive social protection systems that can reach affected households with immediate assistance.

(Focus group discussion with unemployed parents from Podgorica)\(^\text{154}\)
### Bottlenecks to guaranteeing children’s right to an adequate standard of living and basic income security

**Policy/legislation:**

There is no explicit policy recognition of the role of social security in reducing child poverty. In particular, the existing Strategy for the Development of the Social and Child Protection system does not explicitly recognize the role of the social security system in reducing poverty levels, thus contributing to the deficit in policy attention and the low budget priority.

**The design of the family benefits and child allowances scheme:**

Because of the restrictive targeting mechanism and targeting criteria described above, many poor children are excluded from income support.

**Fragmented approaches to social security, especially to social assistance and unemployment support:**

Overcoming fragmentation should be informed through regular analysis of the incentives of cash benefits on labour market participation and job searches, and by ensuring adequate links between the design and administration of unemployment support services and social protection benefits. Establishing these links is also important as part of addressing the barriers that young people face in accessing employment, as well as in finding solutions for those most at risk of exclusion, including young people from the Roma and Egyptian communities.

**Institutional capacity and low levels of automation:**

Thirteen CSWs cater for the needs of people living in 24 municipalities; 19.7 per cent of professional workers deal with cash benefits and 9.0 per cent with legal matters. According to a 2019 analysis of the work of CSWs, the work of professional workers on cash benefits is primarily of an administrative nature, taking the form of processing applications for cash benefits and determining if the eligibility criteria are met. This work could be further automated through making more and better use of the information entered into the Social Welfare Information System (SWIS), thus freeing up more staff time for work on case management, ensuring that beneficiaries are directed to relevant support services and – when appropriate – on motivating them towards social inclusion and work activation.

**A lack of institutional coordination:**

There is currently no legally defined procedure for coordinating responsibilities and sharing information between local self-governments and CSWs. For example, one-off cash benefits for citizens provided by local self-governments from their own budgets are not registered in the SWIS and cannot be monitored by the Ministry of Labour and Social Welfare.

**A lack of awareness of the negative impact of child poverty on the country’s human capital accumulation:**

The lack of priority attached to expanding fiscal space in order to expand the coverage and adequacy of family benefits and child allowances is partly due to a lack of awareness of the long-term impact of child deprivation on the country’s future human capital.
Multidimensional child poverty

Child poverty cannot be defined or measured through per capita income or expenditure alone. Child poverty is multidimensional, with different dimensions overlapping and reinforcing each other. While monetary poverty among children is often associated with poor outcomes in other dimensions (such as health, education, housing and safety), tackling income poverty alone is likely to have a limited impact on addressing the complexities which shape children’s experience of poverty and exclusion.

In order to better capture child poverty in all its dimensions, UNICEF developed a ‘multidimensional overlapping deprivation analysis’ (MODA), which can be used to identify the different ways that children experience poverty and how they overlap. UNICEF in Montenegro has applied a quantitative MODA methodology, using MICS 2018 data, and combined this with qualitative research to get a full picture of the influence of different factors on child poverty and of how children and their families perceive and experience the different dimensions of poverty. The study looks at nine dimensions of poverty suffered by children. Of these, four are measured at the household level (housing; ability to pay utility bills; water and sanitation; and access to information, including internet connection), and five at the level of the individual child (health; nutrition; ECD and education; child discipline/neglect; and exposure to labour and violence). Preliminary results suggest that more than 80 per cent of children experience deprivation in at least one domain, regardless of age – this figure is 96 per cent among children from Roma and Egyptian settlements.

For children aged 0–23 months, the greatest single deprivation experienced is that of nutrition, followed closely by ECD; while for children above the age of 2, deprivation of protection (exposure to violent discipline or neglect) is the most prevalent. About 44 per cent of children across all age groups live in a household reporting multiple housing problems or overcrowding. Children from the Roma and Egyptian communities were found to experience extremely high levels of deprivation in most dimensions, particularly regarding housing and living conditions. Children in rural areas are more likely to experience deprivation in education, water and sanitation and access to information; while poor children in urban areas are more likely to experience deprivations in health (including due to lower coverage with obligatory vaccinations) and child protection.

Family background characteristics affect the risk of children experiencing multidimensional poverty. In the general population, children living in households where mothers have completed only primary school education are more deprived in all dimensions, but especially with respect to water and sanitation; whereas children aged 0–5 living in female-headed households experience higher deprivations in all dimensions except for child protection.

The study also looks at deprivation overlaps for the three age groups, thus providing important pointers as to where intersector interventions should focus for long-term solutions and the breaking of intergenerational poverty cycles.
Table 4
The proportion of children experiencing overlapping deprivations by age group

<table>
<thead>
<tr>
<th></th>
<th>General population</th>
<th>Roma population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nutrition / Early childhood development / Housing</td>
<td>Nutrition / Early childhood development / Housing</td>
</tr>
<tr>
<td>0–23 months</td>
<td>23% of children deprived in all three dimensions</td>
<td>65% of children deprived in all three dimensions</td>
</tr>
<tr>
<td></td>
<td>0–59 months</td>
<td>0–59 months</td>
</tr>
<tr>
<td></td>
<td>Child protection / Housing / Health</td>
<td>Early childhood development / Housing / Utilities</td>
</tr>
<tr>
<td></td>
<td>11% of children deprived in all three dimensions</td>
<td>53% of children deprived in all three dimensions</td>
</tr>
<tr>
<td></td>
<td>5–17 years</td>
<td>5–17 years</td>
</tr>
<tr>
<td></td>
<td>Child protection / Housing / Utilities</td>
<td>Child protection / Housing / Utilities</td>
</tr>
<tr>
<td></td>
<td>13% of children deprived in all three dimensions</td>
<td>35% of children deprived in all three dimensions</td>
</tr>
</tbody>
</table>

Source: Table provided in Multidimensional Child Poverty in Montenegro, UNICEF 2020 (draft).
Bottlenecks to addressing multidimensional child poverty

**Policy/legislation:**
There is no national poverty reduction strategy aimed at breaking the vicious circle whereby monetary poverty represents an underlying contributing factor to other types of deprivation.

**A lack of cross-sector approaches:**
Breaking the vicious circle requires the designing, budgeting and implementing of cross-sector strategies and approaches that combine social protection cash transfers with a range of services in child protection, health, education and employment.

**A lack of a coordinated system to combine receipt of cash transfers with an adequate range of community-based services at the municipal level:**
Implementing cross-sector approaches implies mechanisms for communication and coordination between the different sector-based institutions at the national and subnational levels.

**A lack of a clear funding mechanism to guarantee access to local family- and community-based services:**
The Law on Social and Child Protection provides the framework for the provision of such services and sets out the process for the licensing of NGOs and ensuring standards, but it leaves some ambiguity about the responsibilities and role of municipalities in providing and funding local support services, stating that they should do so ‘only according to their ability’. There are no earmarked funds for local social services.

**A lack of an officially defined package of minimum services that local governments should provide in order to ensure that an appropriate service mix is available to every child in need of support:**
The above ambiguity surrounding municipal responsibilities leads to inequalities in access to local family and community services for children living in different municipalities. Gaps in the availability of and access to services can be addressed through establishing a legally defined package of minimum services that local governments are obliged to provide and clear funding mechanisms to ensure that all municipalities can guarantee the services in practice.

**The capacity of CSWs and availability of local social services:**
CSWs are not sufficiently resourced to address the needs of individuals and families based on individual case management techniques.
Bottlenecks to addressing multidimensional child poverty

A lack of focus on breaking the intergenerational transfer of poverty:
The risk of children living in poverty across all dimensions is influenced by the income, education, employment status and attitudes of their parents. These factors influence the child’s risk of poverty and disadvantage even before birth, as evidenced for example by the differences in the number of prenatal care visits reported in the MICS 2018 survey results.

Insufficient policy attention to the impact of housing on child poverty:
Substandard housing was found to be linked with poor water quality, ill health, low quality of education and limited access to services and information. Qualitative interviews with children and families in the Roma and Egyptian communities, as well as other actors, showed that poor housing and a lack of water and sanitation have an impact on personal hygiene and overall levels of cleanliness. This in turn can lead to feelings of shame, contributing to psychological aggression from peers, driving children away from school. 

Insufficient policy attention to how the perception of stigma can derive from poverty and be reinforced by the impact of poverty:
The results of the Multidimensional Child Poverty in Montenegro study point to the impact that stigma may have on families facing high monetary and multidimensional deprivations, leading to a greater tendency towards isolation. The continuing concentration of some Roma and Egyptian populations in informal settlements with poor or designated housing leads to a greater risk of segregation and social exclusion, with multiple adverse long-term effects on children's perception of stigma and discrimination.

Insufficient investment in ECD:
The results of the Multidimensional Child Poverty in Montenegro study show that younger children tend to be simultaneously deprived in more dimensions than older children. Deprivations experienced at a young age have long-term individual and societal impacts, confirming the need for more investment in cross-sector ECD programmes.
Participation – civil rights and freedoms

In Montenegro, as in other countries, children and adolescents are rarely seen as active and valuable contributors to society. In order to change this perception across society, efforts are needed to ensure that children and adolescents are informed of their rights, including their right to participate in decisions that affect their rights. Structures should be put in place that allow them to participate in decision-making processes. Such structures have been introduced for children in contact with the law through the amendment of various laws that provide opportunities for children to be more visible in court proceedings and give an opinion on all matters affecting them and their rights. In order to ensure their participation and voice, children and adolescents need support to overcome stereotypes that can undermine their confidence in their own capacities and value as contributing members of society.

Montenegro has already taken steps towards recognizing and promoting participation among older children, including its first Law on Youth in 2016, the National Youth Strategy for 2017–2021 and a new Law on Youth in May 2019 (under the law, young people are defined as those between the ages of 16 and 30). The 2017–2021 Youth Strategy sets out six desired outcomes for young people, including the following two, which are key for the participation of adolescents:

- Young people are active citizens, involved, motivated, proactive and engaged in the decision-making and community-development processes, in the creation of policies and their implementation;

- Young people are healthy and safe, and have access to an adequate support system for transition to adulthood and self-realization.161

The right to a name, nationality and to know and be cared for by parents

The right to be recognized as a person before the law is a critical step in ensuring lifelong protection and is a prerequisite for exercising all other rights.162 In Montenegro, registration of child births is almost universal, at 99 per cent.163 The share of registered births in the Roma and Egyptian communities is estimated at 96.2 per cent for children under the age of 5 and 98.5 per cent for children aged 5–17. In 2018, the Committee on the Rights of the Child welcomed progress in achieving nearly universal birth registration and in preventing statelessness, but voiced concern that families of some groups of children, including Roma and Egyptian children, children abandoned after birth and children born to refugees, face difficulty in registering their birth.

According to the Law on Civil Registry, the procedure for registration (up to 30 days from birth) or subsequent registration (after 30 days) for children born in health institutions is carried out at regional units and branches of the Ministry of the Interior. It is the duty of the staff of all maternity wards in the public health sector to report the birth of every child, including children born to a mother with the status of refugee, or displaced or internally displaced person, as well as children abandoned by their mothers or children whose mothers do not have identification. Registration of births which take place outside of hospital settings has been simplified, and fees have been waived in order to ensure that cost does not represent a barrier or disincentive to registration.
Bottlenecks hindering further progress towards full universal registration of all births

<table>
<thead>
<tr>
<th>An inability to cover fees for childbirth in hospitals:</th>
<th>A lack of awareness of the importance of birth registration:</th>
<th>A lack of clear procedures for the registration of births when children are abandoned:</th>
</tr>
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<tbody>
<tr>
<td>Women without health insurance have to pay for the services provided to them before being released from hospital. If payment is not received, hospitals refuse to issue a release letter, which complicates the registration of newborns. Although the number of persons facing this situation is relatively small, birth registration modalities must be modified. UNICEF and UNHCR are supporting the efforts of the government to find pilot solutions to resolve this problem.</td>
<td>Other factors associated with non-registration of births in the Roma and Egyptian communities include the mother’s level of education, and the economic status of the family. More can be done to educate all mothers on birth registration rights and procedures.</td>
<td>Challenges remain for children who were abandoned after birth, especially when it comes to the role of local CSWs in acting as legal representatives/custodians in non-contentious proceedings. The Ministry of Labour and Social Welfare, the Ministry of the Interior and UNHCR have been providing support to displaced persons and addressing gaps in the system in cases where mothers reside in the country without documents, and when mothers are not part of the lives of their newborn babies. The Ministry of the Interior has introduced a new practice for birth registration of these children, with support from UNHCR, but thus far this has been implemented in only a few municipalities.</td>
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Freedom of association and peaceful assembly; freedom of expression; and freedom of thought, conscience and religion

The rights to freedom of thought, conscience and religion are guaranteed by the Montenegrin Constitution. The Protector of Human Rights and Freedoms monitors these rights. There have been no complaints filed to the Protector for the violation of these rights since 2015. However, there is limited information on the measures being taken to guarantee these rights for children, in particular for children from minority groups. According to consultations carried out for the Youth Strategy, young people feel that their freedoms of expression and thought are being repressed, even within their families, especially when they are being critical of something. Consultations with children and adolescents carried out to inform the Strategy for the Exercise of Child Rights 2019–2023 showed that a lack of civic participation was considered one of the most significant problems facing children in Montenegro.

Prevailing societal attitudes towards children and adolescents tend not to recognize them as contributing members of society. According to data reported in the Youth Strategy for 2017–2021, 54 per cent of young people in Montenegro believe it is impossible to influence the processes at the community/state level and 66 per cent believe that they cannot influence the decision-making processes at all.

The Committee on the Rights of the Child noted that existing mechanisms for participation, such as the Children’s Parliament, do not facilitate meaningful and empowered child participation in matters that concern them and that traditional attitudes are still impeding the full realization of the right of children to freely express their views.
## Bottlenecks to children and adolescents benefiting from the freedoms formally accessible to them

<table>
<thead>
<tr>
<th>A lack of information:</th>
<th>A lack of trust in political and other institutions:</th>
<th>Underdeveloped mechanisms for fostering activism:</th>
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<tr>
<td>Consultations to inform the Strategy for Exercising the Rights of the Child showed that many children do not know what activities and opportunities actually exist and what organizations they can join. The fact that civic education is no longer a mandatory part of the school curriculum is another factor contributing to the lack of information. There is no systematic fostering of a 'participative political culture'.[^169]</td>
<td>There is evidence that adolescents are distrustful of the existing structures for participation. This is particularly true of political institutions. A 2019 survey of young people (aged 16–28) showed that 70 per cent never or mainly do not follow political affairs, and 80 per cent pay little or no attention to political news on the television or radio, in newspapers, or on the internet. About 82 per cent report that they are mainly not or not at all politically or socially active.[^170] Some 57 per cent reported that they did not trust any politicians and almost 50 per cent felt that politicians were not addressing issues relevant to them.</td>
<td>Adolescents spend an increasing amount of their leisure time on the internet and are also faced with restrictions on group activities due to the COVID-19 pandemic. Options for children to volunteer are limited. The Volunteer Work Law treats volunteering as a specific form of labour-legal relationship, rather than as a purely voluntary and private initiative of citizens. This law prohibits volunteering by children under the age of 15, thereby discouraging the development of a culture of volunteerism among children and adolescents.[^171] Youth clubs can offer opportunities to young people for organization at the local level. These are established by the Ministry of Sport and Youth in collaboration with municipalities.</td>
</tr>
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[^169]: "Situation Analysis Summary"[^169]
[^170]: "Situation Analysis Summary"[^170]
[^171]: "Situation Analysis Summary"[^171]
A child’s access to information and the role of mass media; preservation of a child’s identity and protection of privacy

Access to information, including through mass media and the internet, has the potential to play many positive roles in advancing child rights. The internet is a tool that can empower children and young people to speak for themselves and express their views on local and national government policies on a range of topics. E-participation has much potential for promoting activism and participation among adolescents and children. A 2020 survey of young people aged 15–25 showed that they see social media networks as important to their lives because they can be used to fight social injustice and give them space to express their opinions and creativity.\(^\text{172}\)

The Business Impact Analysis for Montenegro shows that the country has a wide variety of media. Social media penetration is approximately 62 per cent, with close to 400,000 social media users in January 2020.\(^\text{173}\) The internet is the first source of information for children, 42 per cent of whom obtain information on Google, 39 per cent on Facebook and 35 per cent on Instagram.\(^\text{174}\) However, as reported in the Youth Strategy, young people also identify several problems: the total lack of specialized services for information for young people; a lack of participation by young people in the creation of media programmes for young people; and lack of resources among persons working with young people when it comes to assisting them in finding and interpreting information.\(^\text{175}\)

Evidence from a 2018 survey suggests that a large proportion of children’s and adolescents’ leisure time is spent in front of a screen: on average, children aged 12–17 spend eight hours per day in front of screens,\(^\text{176}\) whether television, computer, tablet or smartphone, while the internet has become the primary source of information for adolescents. The influence of the internet and social networks was found to increase with age. Some 65 per cent of children report being influenced by advertising and 57 per cent admit to imitating media heroes.

The regulation of the quality of media programmes (including internet programmes) for children may be insufficient to avoid any violations of the privacy and dignity of children or also to counter stereotypes of children as passive that are propagated by the media. The Youth Strategy 2017–2021 states that young people (including older adolescents) are usually mentioned in the media in a negative context (i.e. when a problem occurs).

The Business Impact Analysis for Montenegro points to the following potential negative impacts/practices on child rights from this growing access to online media among children and adults:\(^\text{177}\)

- Internet advertising can contribute to inappropriate child sexualization, allowing gender stereotypes to take root, it can stigmatize poverty and can diminish parental authority;
- The use of children in the media for political purposes and in election campaigns;
- Unregulated marketing, advertising and promotion of unhealthy foods and beverages;
- Age- and content-inappropriate advertisements can reach younger children online;
- Publishers may undermine children’s privacy rights if they sell or disclose browsing data and personal information to advertisers and third parties for the purpose of behavioural targeting of and advertising to children;
- The way the media presents or ignores children can influence the decisions made on their behalf and how the rest of the society views them;
- Promotion of ‘misguided’ values and ‘influencers’ among young people, all easily accessible on the internet and social networks, can harm the development of children.

Consultations with young people show their concerns about the low quality of media content. A 2019 survey of young people aged 16–28\(^\text{178}\) suggests that just under 30 per cent of young respondents do not trust the media at all.
## Bottlenecks to guaranteeing online safety for children

<table>
<thead>
<tr>
<th>Policy/legislation:</th>
<th>A lack of media and digital literacy:</th>
<th>Data gaps and a lack of regular analysis of media content for children:</th>
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<tr>
<td>The new Media Law states that 'the media has a duty to protect the integrity of children and minors, and that content that may jeopardize the health, moral, intellectual, emotional and social development of the child must be clearly and visibly marked as such...' However, the Business Impact Analysis points out that the new law fails to recognize the widespread penetration of digital content, especially among the child population. It only mentions the requirements to remove inappropriate comments on web portals. There are no laws regulating media literacy, nor are there any institutions entrusted with responsibilities to promote and report on it.</td>
<td>It is critical that children and adolescents have the tools necessary to make the right choices and critically interpret different sources of information. In a 2018 survey, only 26 per cent of adolescents aged 12–17 said that they knew what fake news is.</td>
<td>Despite the growth of online media, television remains an important source of information for children. There is no regular national data on television programmes on or for children, or in which children are actors, by channel, content, image of children projected and topic. The quality and diversity of the programmes are poor. Most do not have interactive features, stimulate critical thinking or include child participation. Children with disabilities, from ethnic minorities, children living in poverty and children living in rural areas are almost invisible in television programming.</td>
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The country does not have a media or digital literacy strategy. However, there have been several initiatives taken to enhance media literacy. In 2018 UNICEF and the Montenegro Agency for Electronic Media initiated the 'Let’s Choose What We Watch' campaign, which aims to encourage the development of media literacy among children and parents, strengthen the capacity of the media to produce quality content for children and young people, and report on ethical, accurate information on children's rights. It has doubled the number of parents who are talking to their children about the content they follow in the media. One in every two parents now restricts the content and time their children spend watching television or surfing the internet, as compared to one in every three parents who did so at the start of the campaign. UNICEF has supported public service television to start producing the first television news by UNICEF young reporters for their peers, according to the international WADADA News for Kids format. The campaign was globally recognized as a good-practice model by winning the Global Media and Information Literacy Award in 2019.
Recommendations

The present Situation Analysis has pointed to many achievements but also some persistent gaps and disparities in children's ability to access their rights across all sectors. The last section of this summary provides recommendations for each of the child-rights dimensions reviewed in the preceding chapters, highlighting unresolved issues regarding the overall enabling environment for ensuring further progress and pointing to areas where more multisector coordination would be advisable.

### Enabling environment

**Establishment of a strong intersector coordinating body.** Establish a stronger and more authoritative coordinating mechanism to enable intersector coherence in addressing gaps in children's ability to access their rights, giving it the responsibility for the regular monitoring of budget expenditure on children, as well as progress in meeting the country's commitments to the rights of the child. This body should also coordinate implementation and monitoring of the national Strategy for Exercising the Rights of the Child 2019–2023. Given the actual and potential roles that the business sector plays in the lives of children, it is recommended that representatives of the private sector be invited to participate in the work of the coordinating body.

**Adoption of a single, comprehensive law on child rights.** The country should develop a single piece of comprehensive legislation that brings together all of the issues concerning the rights of the child. Though impressive progress has been made in establishing appropriate legislative and strategic frameworks, such a law would serve as a basis for more effective programme budgeting, tracking budget expenditure and monitoring overall progress in meeting the rights of all children.

**Improve implementation through better links between strategies and budget planning.** The national policy focus should turn to ensuring that the institutional, human and financial resources are in place in order to ensure progress in implementing the often exemplary legislative and strategic frameworks that now exist. Coordinated support should be made available by the donor community. Strategies should include costing of envisaged actions and identification of budget sources for their implementation. Clear budget allocations for vulnerable groups of children, in particular for Roma and Egyptian children, should be identified.

**Impact assessments of implementation should be carried out consistently in order to improve formulation and adjustment of policy and budget decisions and for increasing and making more transparent the mechanisms to ensure accountability. This requires further capacity development within public administration for the planning, budgeting and monitoring of reform initiatives across ministries and within the Council for Child Rights.**

**Clarify the budget and other contributions of local governments to the provision of key services for children, while increasing their accountability for delivery.** The ongoing decentralization of key social support services relevant for child protection, early childhood development, inclusion of children with disabilities and other key child rights objectives has not been accompanied by the identification of guaranteed sources of funding. Local government representatives should be involved in the discussion around developing a minimum package of local services for families and children which should be guaranteed in every municipality, with clear funding sources.
(f) Establish a single, harmonized system for data collection and storage for monitoring child rights. Significant progress has been noted in the establishment of sector-level databases and information systems, including the SWIS, ISP and the Ministry of Education Information Systems. However, there are still challenges in extracting and comparing data across the various databases/information systems. The recommendation is to harmonize data collection and analysis systems for evidence-based policymaking.

(g) Improve the availability of disaggregated data on children. MONSTAT, as the country’s main producer of official statistics, should consistently collect and publish data on children disaggregated by sex and age groups which can be aligned with the needs faced by children in different phases of childhood and adolescence. Efforts should also be made by all relevant state institutions to align their databases and information systems with international standards in order to enable MONSTAT to produce quality child-related statistics. Further efforts are also required to fill the gaps in data for vulnerable groups of children in the Roma and Egyptian communities and children with disabilities.

(h) Take measures to increase the involvement of the business sector in national efforts to promote and fulfil child rights. In line with UNICEF’s Business Impact Analysis, it is recommended that more efforts be made to consistently involve the private sector and business associations in the formulation of new strategies related to sustainable development and to addressing gaps in child rights. As a first step, a Child Rights Business Council should be established, followed by the development of national corporate social responsibility activities for children, adolescents and young people; a national baseline assessment should be carried out with the involvement of children and youth representatives; and tax incentives or subsidies introduced for companies that introduce corporate social responsibility standards and goals.

(i) Increase the availability and transparency of public funding to enhance the continuity and scaling-up of vital NGO activities. Civil society organizations participate actively in the country, including in advocating for and monitoring child rights, and delivering services. Their participation is vital and should be constantly nurtured. There is a need for a stable public financing mechanism to sustain the work of NGOs in delivering a variety of essential local child- and family-support services. There is also a need for more transparent mechanisms and increased capacity among public administration to manage state-financed or donor-financed grant schemes.

(j) Address gender stereotypes. Coordinated efforts are required to ensure a more equal distribution of unpaid care work within the home, including by encouraging men to exercise their right to parental leave and to become more involved in child rearing, including targeted training for men in parenting skills or outreach to men in training on parenting skills. This should be coupled with campaigns in alliance with media outlets, the business community and education facilities to counter prevailing gender stereotypes. Tailored support should be continued for girls from Roma and Egyptian families who face cultural pressures to enter into early marriage and child-bearing, which can compound other contributing factors such as poverty, a lack of education and a lack of employment opportunities.
A recurring theme has been the need to go beyond siloed sector-based approaches and to tackle multidimensional deprivations and heightened risk of exclusion through cross-sector approaches. The present Situation Analysis has confirmed the importance of such approaches to the design, delivery and monitoring of a child poverty strategy, as well as of coordination between health, education and social protection services, to achieve the following:

(a) Breaking the intergenerational transfer of poverty requires coordinated approaches among the social protection, health, education and child protection services to tackle simultaneously the different dimensions of poverty faced by deprived households with children. Such approaches should be based on strengthened capacity for individual case management approaches (see (g) below) that can establish the right mix of cash and services needed to address both monetary poverty experienced by families with children and also deprivation experienced across other dimensions, including nutrition, housing conditions and exposure to violence.

(b) Expand interventions aimed at promoting Early Childhood Development as an investment in the individual child, but also the country’s future human capital — a key factor in breaking the cycle of disadvantage. In the short term, it is recommended to build on the initial research carried out on costing ECD interventions.

(c) End violence against children. There is a need to continue improving measures for the prevention and identification of abuse; establishing clear reporting and referral mechanisms involving multisector cooperation at the national and local levels and ensuring that one single institution is allocated overall responsibility. Building stronger capacity for monitoring and evaluation of and accountability for implementation is needed.

(d) Address mental health needs. Increase the supply of services, especially at the local level, staffed by professionals trained to communicate with adolescents. Information should be provided to adolescents on how support can be accessed. Develop cross-sector approaches to online violence, violence at school and bullying or tolerance of violence among peers. Conduct further research on the impact of screen time and online content on adolescent and child mental health.

(e) Ensure inclusion of children with disabilities and de-institutionalization of care. Strengthen cross-sector coordination and agreement on a package of services to which children with disabilities and their families, including foster families, can be guaranteed access. Work towards an agreement on a single definition of disability. Develop methods for consistent application across all sectors of the social model of disability assessment and determination, in accordance with the International Classification of Functioning, Disability and Health.

(f) Expand tailored programmes for Roma and Egyptian children and their caregivers. Work towards an integrated multisector approach, as envisaged in the country’s Roma Inclusion Strategy. Develop an awareness-raising strategy to address the discriminatory attitudes still prevalent in mainstream society.

(g) Invest in the capacity of CSWs for individual case management. Strengthen use of the individual case management model and appoint one institution to coordinate and monitor referral to other services. Increase the number of qualified case managers in CSWs and establish a minimum range of services to be available at the municipal level for referrals.
Recommendations for addressing gaps in child rights to health, education, protection and participation

The following recommendations are put forward to address the gaps and disparities across the five domains of child rights analysed in the Situation Analysis. They are offered in the spirit of cooperation between the government and its many civil society and international partners over the coming five-year period.

THE RIGHT TO HEALTH

Policy/legislation

- Develop and introduce standardized national protocols for the care management of newborns and revitalize the Baby-Friendly Hospital Initiative.
- Introduce national standards on Infant and Young Child Feeding.
- Align with international standards and implement the 2017 Code of Practice regarding the marketing of breastmilk substitutes.
- Consider introducing feeding and nutrition education programmes for primary school as well as preschool institutions.
- Introduce a protocol governing coordination and information sharing between neonatologists, paediatricians and home (patronage) nurses.
- Standardize developmental monitoring and screening and introduce contemporary early intervention models.
- Recognize adolescents as a special group with particular health needs that can be best met through services tailored to this age group and staffed with trained professionals.

Supporting institutions

- Improve protocols for pain management for newborns.
- Ensure appropriate nutrition supplies and environment for preterm babies.
- Strengthen in-service training for medical staff involved in deliveries.
- Expand in-room feeding and the practice of on-demand breastfeeding at hospitals.
- Increase the number of patronage nurses.
- Improve the quality of patronage nurse services through regular and more prioritized in-service training.
- Strengthen the implementation of the existing immunization programmes and transmit this priority to all levels of the health service.
- Strengthen the training of staff involved in delivering vaccines, including knowledge of the importance of adhering to immunization schedules and their communication skills.
- Ensure the availability of and strengthen the quality of community-based mental health facilities for adolescents.
- Health services at the municipal level, adequately staffed with trained professionals, should be available for referral of child victims of violence.
- Ensure strict enforcement of the principle of non-tolerance towards informal payments for public health services.
Knowledge, attitudes and practices

A series of community-engagement and awareness-raising strategies should be developed and undertaken to address societal norms and attitudes and raise awareness in the following areas:

- The importance and availability of antenatal services and other reproductive health services among vulnerable groups.
- Engage with the media to raise awareness of the adverse short- and long-term effects of sex-selective abortions.
- Nutrition awareness for both children and parents, addressing the root causes of malnutrition and obesity.
- Communicate the benefits and safety of immunization to caregivers.
- Strengthen parenting knowledge and skills to stimulate child development.
- Awareness campaigns among adolescents, parents and teachers about mental health and sexual and reproductive health issues.

Further research

It would be useful to carry out as many of the following research studies as possible to inform future policies:

- Determine the number and profiles of children with disabilities.
- Review of antenatal care in health facilities to provide more evidence as a basis for outreach to vulnerable groups.
- The extent of micronutrient deficiencies among children and women of child-bearing age.
- The impact of air pollution on child health, or on other environmental determinants of child health.
- The impact of the energy and other key sectors on child health and the environment in which children live and play.
- The impact of screen time and internet content on mental health.
- The impact of remote learning on mental health, including on the development of social and emotional skills among adolescents.
- Any changes in the allocations of health expenditure and human resources due to COVID-19, and any diversion of resources away from preventive health services vital for the wellbeing of children.

THE RIGHT TO EDUCATION, LEISURE AND CULTURAL ACTIVITIES

Policy/legislation

- Further expand coverage and invest in the capacity of the existing facilities to deliver quality early childhood education programmes.
- Invest in the quality of ECE facilities and programmes and the capacity of staff to deliver them.
- Develop policies to reduce the numbers of out-of-school children from the Roma and Egyptian communities and to increase secondary school attendance and completion rates.
- Develop online learning programmes and equip schools, addressing the digital divide and addressing differences in the ICT skills of teachers.
- Take measures to address the specific barriers faced by certain groups of vulnerable children.
• Design and distribute support packages for parents and teachers to help monitor and advise children on internet content.

Supporting institutions

• Continue to adjust the content and methods of school learning to ensure that pupils acquire skills for the 21st century.

• Ensure full roll-out of the socio-emotional skills programmes for different levels of formal education.

• Improve support to adolescents for the school-to-work transition.

• Expand environmental education.

Knowledge, attitudes and practices

• Devise campaigns and tools to counter tolerant attitudes towards violence at school among peers and teachers.

• Develop and implement efforts to counter passive attitudes among children and adolescents to climate change and expand their opportunities to have a voice and to participate.

THE RIGHTS OF CHILDREN WITH DISABILITIES TO HEALTH AND EDUCATION SERVICES

• Further investment is needed to expand access to a variety of services for children with disabilities, including day-care centres, especially in rural and remote parts of the country.

• Ensure that the latest strategy for inclusive education is costed and budget sources defined.

• Ensure cross-sector coordination in order to include as many children with disabilities as possible at all levels of mainstream education. Take continual measures to ensure the expansion of services and the level of coordination between health, social protection and education services required to ensure that the number of children with disabilities who can attend mainstream education continues to increase, and that every child who can attend has the opportunity to do so.

• Improve the work of referral panels. Take measures to ensure that referral panels making decisions on the individual educational programmes for children with disabilities have consistent standards and uniform approaches, and that there are mechanisms to hold them accountable for their decisions.

• Given the reported gap between rights and provisions set out in the law and the actual situation as experienced by children with disabilities and their parents, there is a need to ensure clear feedback mechanisms to provide information on gaps in the available support services in order to allow their successful inclusion in the school learning process.

• Awareness raising should be carried out among parents to help alert them to early signs of developmental difficulties and ensure that they have information on where to go for help. There is still evidence of the need for support in overcoming the stigma associated with having a child with disabilities to encourage parents to proactively look for help.

• Research to determine the number and profiles of children with disabilities, as a basis for the design and costing of current and future inclusion strategies.

• Although considerable progress has been made in tackling the stigma attached to children with disabilities, resistance is still found among teaching staff and parents. It is therefore recommended that there be con-
tinual training for teaching staff on methods of inclusion; and how to accommodate the learning and socialization needs of children with disabilities in the classroom. Similar training should also be carried out to ensure the integration of Roma and Egyptian children in the classroom, involving mediators from the Roma and Egyptian communities. Mechanisms for monitoring the performance of teachers in these aspects should be in place.

- Research the options for remote learning and the use of ICT for children with disabilities. Given the inevitable expansion of some forms of remote learning, referral panels and ICT experts should be asked to review the individual education programme of each child with disability and evaluate what can be done to facilitate access and inclusion in online learning.

THE RIGHT TO PROTECTION

Policy/legislation

- Devise a systemic solution and institutional response to the risks associated with begging and early marriage among Roma and Egyptian children (including a new legal definition of child marriage and the removal of legal exceptions allowing marriage from the age of 16).

- Develop a national rights-based strategy to address the issue of child begging.

- Introduce a full ban on placing children under the age of 3 in institutional care and put in place local services which guarantee full operation and back-up for alternative forms of care, in particular foster care.

- Put in place standardized work procedures for an integrated response to violence against children.185

Supporting institutions

- It is recommended to concentrate efforts on improving the capacity of CSWs to play their crucial role in child protection (see above).

- Define a minimum package of services to be available in every municipality and clear sources of finance for these services.

- Continue efforts to ensure that child-friendly justice is available and accessible to all children in contact with the law in civil, misdemeanour, criminal and administrative proceedings.

- Improve evidence-based policymaking by including in the justice information system all indicators relevant for children in contact with the law, including children/juveniles in juvenile prison or detention.

- Support increased specialization of justice-sector professionals who work with children in contact with the law in order to increase their knowledge of international standards regarding access to justice for children and child-friendly procedures and approaches.

- Strengthen the capacities of national- and local-level professionals (from all relevant sectors, including health, education, social and child protection) for the timely identification, reporting, referral and protection of children at risk of and/or exposed to any form of violence.

- Improve the availability and capacity of supporting institutions in the health and social protection sectors to provide support and shelter to child victims and witnesses of domestic violence. This is particularly urgent given the evidence on increased incidence of domestic violence due to COVID-19 restrictions which require more adults to work remotely and children to study remotely.

- Strengthen family support services, including outreach services that promote alternative models of positive parenting to help prevent
and reduce the incidence of violence against children.

- Strengthen intersector cooperation between the education, health and social protection sectors to address the incidence of violence against children in all settings.

- Create a multisector coordination mechanism to address online child sexual exploitation, to support children victims of sexual abuse and to address abuse within forced marriages.

- Prioritize the development of alternative care systems, particularly non-kinship foster care, specialized and professional emergency foster care, and housing support for older children.

- Establish a functional, well-coordinated and resourced system for the reception, protection and integration of child migrants, asylum seekers and refugees.

**Knowledge, attitudes and practices**

- Develop education, information and awareness-raising campaigns to change societal attitudes which tolerate violence, including the prevalence and risks of online violence.

**THE RIGHT TO AN ADEQUATE STANDARD OF LIVING AND SOCIAL SECURITY**

**Policy/legislation**

- Develop a national poverty reduction strategy, with dedicated sections on the multiple ways in which poverty affects children and how these can be addressed.

- Ensure the protection and expansion of social protection expenditure during the COVID-19 pandemic and its aftermath, ensuring family allowances for households with adult members who have lost their main source of income, including those in informal employment.

- Strengthen the social and child protection system to make it more shock-responsive.

- Ensure a progressive increase in the coverage of child allowances for all children living below the country’s poverty line.

**Further research**

- Carry out a study to look at the impact of existing social benefits and the options for redistributing budget allocations between different social benefits, in accordance with their poverty alleviation impact. In parallel, examine international experience to consider linking nutrition-related support to the receipt of child benefits.

- Research and document evidence on the intergenerational transfer of poverty as a basis for comprehensive policy interventions to address child poverty at its roots.
THE RIGHT TO PARTICIPATION

Policy/legislation

• Undertake efforts to ‘go the extra mile’ to ensure that all measures are in place to ensure systematic and full registration of the births of all children.

• Explore with the business sector how to improve ways of alerting when a child accesses non-safe online content and also to create positive innovative digital content for different child groups.

• Review the Law on Media Content to ensure introduction of ethical standards and more effective controls over digital content that can be accessed by children.

• Amend the Voluntary Work Law to allow children under 15 years of age to engage in safe, appropriate volunteering.

• Promote the engagement of a broad range of stakeholders in the process of drafting the new Youth Strategy (the current one expires in 2021), to ensure measures are outlined specifically targeting older adolescents and their specific needs, rights and interests.

Supporting institutions

• Develop toolkits to standardize public consultations with children on national policy development and ensure a high level of inclusiveness and participation of children in such consultations.

• Expand the institutional space and guidance for children to participate online, in the media and elsewhere.

• Support the Directorate of Youth and Sports (under the Ministry of Education, Science, Culture and Sports) in developing youth clubs in every municipality to broaden the space for activism and participation for adolescents, with priority given to adolescents in rural areas.

• Consider the reintroduction of civic education at all educational levels to provide children and adolescents with the tools, stimulus and confidence for civic engagement.

Knowledge, attitudes and practices

• There is a need for a continued focus on education, information and awareness-raising campaigns to address and reduce deeply rooted social and cultural norms related to children’s place in the family and in society.

• Develop a strategy for awareness-raising activities promoting the meaningful and empowered participation of all children within the family, community and schools and in all judicial and administrative procedures concerning them, with particular attention paid to girls and children in disadvantaged or vulnerable situations, including children with disabilities.

• Work with media organizations to:
  • End the stereotyping of children as passive receivers or followers of rules, rather than contributors to the creation of knowledge and to the creation of rules relevant to their lives.
  • Ensure that children have the tools to safely navigate social media.

• Ensure the strategy recommended above includes provisions to expand children's knowledge of their civic rights and freedoms, to enable them to monitor the state of those rights and freedoms, as well as to promote youth organizations and youth work providers in developing programmes on civic literacy for adolescents.

• Include efforts to expand children's knowledge on forms of participation available to them and to provide space to create their own initiatives.

• Engage with and support child-led organizations, such as the Union of High School Pupils, to amplify their voice on issues that affect them.
Further research

- Research the content of child leisure activities, differentiating by age group, and looking in more depth at screen time and internet content. This research should be coordinated with the health, education and media/communication sectors.

- On the basis of results, design and carry out intensive digital literacy, climate change and other campaigns for different age groups of children and parents.

- Analyse the state and private schemes available to support adolescent initiatives and innovations.
2. As of 21 December 2020, a total of 43,955 cases of coronavirus had been reported, of which 1,333 were among the 0–9-year-old group, and 2,981 among the 10–19-year-old group. The highest number of cases is recorded for the 30–39-year-old age group (8,018 cases), available at https://www.coronainfocg.me/.
10. That is, for every 1,000 inhabitants, 10.5 change their place of residence within Montenegro.
11. Podgorica also had outward migration in the same period, meaning that net migration for the capital city was 1,293, available at https://www.monstat.org/eng/page.php?id=1130&pageid=53.
15. What are the social and economic vulnerabilities faced by households in Montenegro?, (draft), Economic Policy Research Institute, July 2020.
17. From: What are the social and economic vulnerabilities faced by households in Montenegro?, (draft), Economic Policy Research Institute, July 2020.
25. Statistical Office of Montenegro (MONSTAT) and UNICEF (December 2019). 2018 Montenegro and Montenegro Roma Settlements, Multiple Indicator Cluster Survey, Survey Findings Report (MICS 2018). http://www.monstat.org/userfiles/file/MICS/ENG/eng/Montenegro%20(National%20and%20Roma%20Settlements)%202018%20MICS%205FR.English_v4.pdf. The adolescent birth rate (age-specific fertility rate for women age 15–19) is defined as the number of births to women aged 15–19 years during the one-year period preceding the survey, divided by the average number of women aged 15–19 (number of woman-years lived between the ages of 15 through 19, inclusive) during the same period, expressed per 1,000 women.


31 Assessment of the safety and quality of hospital care for mothers and newborn babies in Montenegro, study commissioned by UNICEF Montenegro and conducted in 2016 by WHO Collaborating Centre for Maternal and Child Health and the IRCCS, Trieste.


34 Assessment of the safety and quality of hospital care for mothers and newborn babies in Montenegro, study commissioned by UNICEF Montenegro and conducted in 2016 by WHO Collaborating Centre for Maternal and Child Health and the IRCCS, Trieste.


36 Patronage Nurse Services in Montenegro, Situation Analysis and Reform Options, Dr. David Gzirishvili and Dr. Nina Pajovic Mandic, 2017.


39 Multidimensional Child Poverty in Montenegro, UNICEF 2021

40 Infants who receive breastmilk and certain fluids (water and water-based drinks, fruit juice, oral rehydration solution, drops, vitamins, minerals, and medicines), but do not receive anything else (in particular, non-human milk and food-based fluids).

41 The indicator is based on consumption of any amount of food from at least five out of the following eight food groups: 1) breastmilk, 2) grains, roots and tubers, 3) legumes and nuts, 4) dairy products (milk, infant formula, yogurt, cheese), 5) flesh foods (meat, fish, poultry and liver/organ meats), 6) eggs, 7) vitamin-A rich fruits and vegetables, and 8) other fruits and vegetables.

42 Breastfeeding children: Solid, semi-solid, or soft foods, two times for infants aged 6–8 months, and three times for children aged 9–23 months; Non-breastfeeding children: Solid, semi-solid, or soft foods, or milk feeds, four times for children aged 6–23 months.


44 Childhood Obesity Surveillance Initiative in Montenegro, Institute of Public Health, supported by the World Health Organization, 2017.


46 Guidelines for Preschool Nutrition, Institute for Public Health of Montenegro.


51 Attitudes about Vaccines, IPSOS, April 2019 (for UNICEF Montenegro).

52 These bottlenecks are identified in a Root Cause Analysis carried out in three municipalities, UNICEF.


54 Available at https://mzd.gov.me/biblioteka/strategije.


Capacity Analysis of Education, Health Care and Social Protection System related to Support for Adolescent Development in Montenegro, UNICEF 2017. Findings suggested that: there is no systemically regulated joint action of health, education and social welfare institutions in the domain of work with adolescents; the policy and regulatory frameworks do not identify them as a separate age group and there is not a sufficient number of services developed for boys and girls aged 10 to 19.

Health Impacts of Air Pollution in Montenegro. Michal Krzyzanowski, 2016.


Dual Education in Montenegro, ETF and ILO, 2020.

99 MTR 2014 findings: “changes in sentencing policy in Montenegro constitute one of the most significant improvements in children’s rights in the region,” confirmed as such in the UNICEF Multi-Country Evaluation of the Impact of Juvenile Justice System Reforms on Children in Conflict with the Law (2006-2012) which has established significant increases in application of alternative procedures and measures and diversion schemes in Montenegro.
100 Legislation and Practice Analysis: Children’s access to justice – the rights of the child in judicial proceedings, with a focus on access to free legal aid, Civic Alliance, May 2020.
102 “Substantively the relevant will of a child up to the age of 14 in Montenegro does not have its adequate procedural and legal expression in civil proceedings.” Legislation and Practice Analysis: Children’s access to justice – the rights of the child in judicial proceedings, with a focus on access to free legal aid, Civic Alliance, May 2020.
103 Legislation and Practice Analysis: Children’s access to justice – the rights of the child in judicial proceedings, with a focus on access to free legal aid, Civic Alliance, May 2020.
104 See, for example, the 2014 Mid-Term Review.
109 The survey included quantitative and qualitative methods in data collection. A quantitative survey was carried out using a stratified random representative sample of 1,002 households, and included children aged 9 to 17 years and one of their parents (the one most involved in their child’s online activities). It was jointly coordinated by researchers at LSE and the UNICEF Office of Research – Innocenti in 2015–16. Available at https://www.unicef.org/montenegro/en/reports/children-online-opportunities-risks-and-safety-0.
110 This was an issue highlighted in consultations with children, as part of preparation of the Strategy for Exercising the Rights of the Child. See Report on Consultations with Children on the State of Child Rights, MLSW and UNICEF, December 2018.
112 Data is provided to UNICEF CO on request and is not officially published.
113 Data disaggregated by municipality indicates different representations of types of violence – usually only one or two forms of violence are present. For example, in some cases there are no cases of physical violence, or children witnessing violence.
115 Every second citizen considered physical punishment acceptable and thought that yelling at a child was not a form of violence. Every third citizen did not consider a slap and open threats to a child to be violence, while one-quarter of the surveyed citizens did not perceive blackmailing as a form of violence during the upbringing of the child. Most citizens, i.e. 77 per cent of them, believed that parents should not allow children to question their decisions.
119 Quoted in the Strategy for Exercising the Rights of the Child.
120 OSCE-led survey on violence against women, Well-Being and Safety of Women, OSCE 2019 (based on a representative sample of the adult population of women, 1,227 women aged 18–74 years).
121 2018 COAR UNICEF Montenegro.
122 Herceg Novi, Kotor, Tivat and Budva, Podgorica, Niksic, Bijelo Polje, Berane, Pljevlja and Danilovgrad (UNICEF CO data).
123 Patronage nurse services in Montenegro, Situation Analysis and reform options, Dr David Gzirishvili, Dr Nina Pejovic Mandic, UNICEF 2017.
GREVIO Baseline Evaluation Report, 2018, p. 35.


WAVE Country Report 2017; GREVIO.


Official Gazette of Montenegro 01/07, 53/16.

Official Gazette of Montenegro 27/13.


UNICEF CO Montenegro data.


UNICEF CO data.


CCSR Beneficiary satisfaction assessment, IDEAS, 2016.

Ibid.


Funding for local-level services can be provided to local self-governments from the state budget according to the Rulebook on the amount of resources for development, i.e. financing the services in the area of social and child protection and criteria for their allocation (Official Gazette of Montenegro, 42/15), and the Rulebook on determining the list of development of local governments (Official Gazette of Montenegro, 82/16).

At the time of the COVID-19 outbreak in mid-March 2020, some 200 asylum seekers and 27 refugees were living in Montenegro.


Of those residing in Montenegro an estimated 40 per cent are of Serbian origin, some 30 per cent are of Montenegrin origin, and 25 per cent belong to the Roma and Egyptian communities. UN Montenegro RSIA, 2020.

As per the 2009 amended Law on Foreigners.

The Survey of Income and Living Conditions is carried out annually by MONSTAT, using standardized and harmonized EU methodology. Poverty rates are calculated using the EU-recommended relative poverty line. Montenegro Statistical Office (MONSTAT), Release No. 205, 7 December 2020.

See Rulebook on detailed conditions on receiving basic material allowances in the area of social and child protection: The request for exercising the right to child allowance shall be accompanied by: proof of residence of the parent, adoptive parent, guardian or custodian; decision on the right to material security or decision on the right to allowance for care and assistance or decision on the right to personal disability or for a child without parental care, decision of the competent authority; proof of employment on the basis of an activation agreement and a decision on termination of the right to material security; for a child up to the age of 18, proof that he/she is in regular schooling; for a child who is in regular schooling in high school, by the end of the period prescribed for that school-
Committee on the Rights of the Child, concluding observations on the combined second and third periodic reports of Montenegro (2018).


Investing in Early Childhood Development in Montenegro, ISSP, 2019 (although this refers to ECD rather than SP).


UNICEF; Birth Registration for Every Child by 2030: Are We on Track?, UNICEF; New York, 2019.

According to MICS 2013, as in MICS 2018, birth registration data was only collected for Roma Settlements and not for the general population.


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